

Frequently Asked Questions for Producers

BlueCare Dental ClassicSM, BlueCare VisionSM, and Coverage Plus Central

BlueCare Dental Classic

Registration, Sales and Compensation

How can I start selling BlueCare Dental Classic plans?

You can start selling the dental plans right away after you've registered on Coverage Plus Central. All you need is your Blue Cross and Blue Shield of Montana (BCBSMT) Producer ID Number and a few minutes to create a username and password. There's no appointment process since you already sell our plans.

Where can I find the compensation schedule for BlueCare Dental Classic plans?

You can find the BlueCare Dental Classics compensation schedule by logging in to Blue Access for ProducersSM and selecting the schedule in the PDFs & Related Information section.

Eligibility, Enrollment and Benefits

Who do I contact for sales support or with questions about products and benefits?

Call 844-294-3175. Follow the prompts to reach Sales Support.

Is there an enrollment period for BlueCare Dental Classic plans?

No. These are 12-month policies (from effective date), so you can sell these plans year-round.

Who is eligible for these plans?

Anyone 18 years of age or older can buy these plans. However, BlueCare Dental Classic products are designed for the Medicare Supplement and PDP consumer. These are policyholder-only plans that don't cover dependents. For those under 65, consider ACA dental plans instead.

How do I ensure the member gets their desired effective date?

Electronic submission is the BEST method to ensure the desired effective date. Both the application and payment must be received by the cut-off date. Mailed checks need to be received by the 15th to ensure the desired effective date.

How do I know when an application is approved and effectuated?

Call 877-353-9053 or send an email to support@trionfo.com.

When will a new member receive their ID card?

Members should receive their ID cards within two weeks of enrolling.

When do the benefits for BlueCare Dental Classic plans reset?

Benefits for BlueCare Vision plans reset one year from the effective date of the policy. The benefit period is based on the Plan year rather than the calendar year.

The BlueCare Dental Classic policies state that members are allowed two cleanings every 12 months, and the benefit period begins on the effective date and ends Dec. 31. As an example, if a member's policy has an effective date of Aug. 1, would the member be allowed to have two cleanings between Aug. 1 and Dec. 31?

Yes, the member could have two cleanings during that benefit period. Note that there is no specified time that a member must wait between their first and second cleanings within a 12-month period.

Do we allow the coordination of multiple dental benefits?

No, these plans do not coordinate benefits. They pay regardless of any other coverage. Members should refer to the Coverage of Benefits section of their policy booklet for more information

Can a member change from one plan to another plan at any time? For example, could they move from Standard to Premium? Does the waiting period start over in this situation?

Yes, a member may change plans at any time and pay the new premium; however, the waiting period would reset and not carry over from the previous coverage. Also, any amount paid toward the deductible would not count toward the new deductible.

Can a member move from one state to another state and still be covered by the same plan?

If the member moves to one of our Plan states, they would need to enroll in a new BlueCare Dental Classic plan in that state.

If they enroll in the same plan (for example, from Standard to Standard), their premiums will change since premiums vary by state. The waiting period fulfilled in their previous plan would carry over.

If the member changes to a different plan (for example, from Standard to Premier), the waiting period would be reset with the effective date of the new plan.

What if a member moves to another state where we do not offer plans?

The member would lose their coverage if they move to a state where we are not authorized to provide insurance.

What if a member is traveling domestically out of state and has a dental emergency?

Members have access to a national network of providers in emergency situations.

Do BlueCare Dental Classic plans cover implants?

No. These plans do not cover implants.

Do BlueCare Dental Classic plans cover nitrous oxide for any procedures?

No. Nitrous Oxide is not covered for any procedures.

Are root canals covered under these dental plans?

Yes. They are covered as an endodontics service for Premier and Standard plans. They are Class III services and don't require a 12-month waiting period. The Basic plan doesn't cover this service.

Claims and Billing

Where do I direct my clients/members with questions about BlueCare Dental Classic claims?

Members can call 866-739-4090 or refer to the back of their ID cards for claims service numbers.

Can I inquire about claims on behalf of my client?

No. Producers cannot inquire about a client's claim with BlueCare Dental Classic plans.

When will premiums be deducted from my client's account?

An electronic initial premium payment is deducted three to five business days after the application is submitted. Processing time will take longer if checks are submitted. On-going electronic payments are paid on the 27th day of the month or the next business day if the 27th is on a Sunday.

How will my client be billed for going out-of-network?

We have contracted discounted fees (the allowable amount) for services with in-network providers. When a member uses an out-of-network provider for non-emergency services, they may be balance billed. This means the out-of-network provider may bill the cost difference (remaining balance) of his billed amount and the allowable amount for services. That is why it is very important to encourage members to use in-network providers.

Here is an example of how balance billing works:

Ex: Crown	In-Network	Out-of-Network
Billed Charge	\$1048	\$1048
Allowable Amount	\$598	\$598
Dental Plan Pays 50%	\$299	\$299
Member Responsibility	\$299	\$749

Who files the claim for an out-of-network provider – the dentist or the member?

Typically, the dentist will file the claim. If the dentist does not file the claim, the member would have to submit a claim form after services are provided.

BlueCare Vision

Registration, Sales and Compensation

How can I start selling BlueCare Vision plans?

You can start selling the vision plans right away after you've registered on Coverage Plus Central. All you need is your BCBSMT Producer ID Number and a few minutes to create a username and password. There's no appointment process since you already sell our plans.

Where can I find the compensation schedule for BlueCare Vision plans?

You can find the BlueCare Dental Classics compensation schedule by logging in to Blue Access for ProducersSM and selecting the schedule in the PDFs & Related Information section.

Eligibility, Enrollment and Benefits

Who do I contact for sales support or with questions about products and benefits?

Call 844-294-3175. Follow the prompts to reach Sales Support.

Is there an enrollment period for BlueCare Vision plans?

No. These are 12-month policies (from effective date), so you can sell these plans year-round.

Who is eligible for these plans?

Anyone 18 years and older can apply for these plans, and coverage is available for dependents.

How do I ensure the member gets their desired effective date?

Electronic submission is the BEST method to ensure the desired effective date. Both the application and payment must be received by the cut-off date. Mailed checks need to be received by the 15th to ensure the desired effective date.

How do I know when an application is approved and effectuated?

Call 877-353-9053 or send an email to support@trionfo.com.

When will a new member receive their ID card?

Members should receive their ID cards within two weeks of enrolling.

When do the benefits for BlueCare Vision plans reset?

Benefits for BlueCare Vision plans reset one year from the effective date of the policy. The benefit period is based on the Plan year rather than the calendar year.

Can you give an example of how the allowance and 20% discount are applied?

Both the Standard and Premier plans provide a 20% discount on the balance over the allowable amounts for frames. See this example of how the discount and allowance are applied with the Premier plan:

Frames: \$3000

Allowance: \$200

Discount on balance over allowable amount: 20%

$\$3000 - \$200 = \$2,800$

$\$2,800 \times 20\% = \560

$\$2,800 - \$560 = \$2,240$

There is no dollar limit on the balance to which the discount will be applied.

Is there a maximum value for frames to which the 20% discount can be applied?

No. There is no maximum value for frames. The 20% discount only applies after the allowance has been deducted. The frame allowance may be used one time only during a benefit period.

Claims and Billing

Where do I direct my clients/members with questions about BlueCare Vision claims?

Members can call 888-457-5422 or refer to the back of their ID cards for claims service numbers.

Can I inquire about claims on behalf of my client?

No. Producers cannot inquire about a client's claim with BlueCare Vision plans.

How are rates calculated for family coverage?

The rate for the individual policy is multiplied by the number of covered family members. Example:

Individual policy: \$15 per month (for example purposes only)

Covered family members: 4

$\$15 \times 4 = \60 per month

When will premiums be deducted from my client's account?

An electronic initial premium payment is deducted three to five business days after the application is submitted. Processing time will take longer if checks are submitted. On-going electronic payments are paid on the 27th day of the month or the next business day if the 27th is on a Sunday.

Coverage Plus Central

Registration and Functionality

What is Coverage Plus Central?

This is a centralized platform where all quoting, enrollment, billing and eligibility functions are completed. This platform also supports Producer administration functions.

How do I find or get to Coverage Plus Central?

1. Go directly to CoveragePlusMT.com
2. There is also a Supplemental Products link to Coverage Plus Central after you enroll your client in an ACA plan, Medicare Supplement or a PDP plan via Blue Access for Producers, the Retail Shopping Cart or the Retail Producer Portal.

How do I register for Coverage Plus Central?

1. From the [login screen](#), click the Producers icon
2. Click Register Now
3. Select your User Type
4. Enter your BCBSMT Producer ID Number in the Carrier Producer Number field
5. Create your username, password and security questions
6. Click Submit

Which identification number do I use to log in to Coverage Plus Central?

Use your BCBSMT Producer ID Number.

Who do I contact if I have technical or other issues with Coverage Plus Central?

If you experience any problems while navigating the site, call the producer hotline at 844-294-3175.

Are there instructions on how to navigate Coverage Plus Central?

Yes, there is a [step-by-step user guide](#) to walk you through product selection, proposal generation, enrollment, tracking and more.

Where can I get marketing, sales and support materials?

Materials were included in the initial email you received. We are working toward storing printed materials under the Resource section on Coverage Plus Central. You will need to log in to access the materials.

Applications and Billing

How do I ensure the member gets their desired effective date?

Electronic submission is the BEST method to ensure the desired effective date. Both the application and payment must be received by the cut-off date. Mailed checks need to be received by the 15th to ensure the desired effective date.

If my client pays by check, to whom do they make it payable?

Checks should be made payable to Coverage Plus Central.

Can I submit an online application without providing payment?

No, you must provide the electronic funds transfer information at the time the application is submitted. If a member prefers to pay by check, you will need to mail the signed application with payment. Applications will be input by office administration.

How do I know when a member's application has been approved and the date the policy goes into effect?

Call 877-353-9053 or send an email to support@trionfo.com to get this information.

How does a member make corrections on an application that was submitted to Coverage Plus Central? Can they submit a new application to overwrite the first, incorrect one?

No, they cannot correct or overwrite an application that has been submitted. If a member needs to make corrections, they should email support@trionfo.com.

If a member initially signed up for electronic communications and would like to opt-out, what do they need to do?

Members can call 877-353-9053. They can also send an email to CoveragePlus@trionfo.com.

How will members be billed for their insurance plans?

They will receive a bill from Coverage Plus Central. This will be separate from any medical insurance bills they may receive.

If a member opts-in for electronic billing, they will be emailed a link to their bill monthly. Their bank records will show an electronic funds transfer to Coverage Plus Central.

If a member enrolls for dental and vision coverage, they will receive one bill for both. They will receive a Welcome Kit that will include ID cards for both their dental and vision plans, even though they will receive one bill for both.

When will premiums be deducted from my client's account?

The initial premium for electronic payments will be deducted 3 – 5 business days after the application is submitted. Processing time will take longer if checks are submitted. For on-going payment, electronic payments will occur on the 27th day of the month or the next business day if the 27th is on a Sunday.

**Trionfo is an independent company and licensed third-party administrator contracted to host the Coverage Plus Central website and provide enrollment, billing, and fulfillment services as Coverage Plus Central for Blue Cross and Blue Shield Plans in Illinois, Montana, New Mexico, Oklahoma and Texas.*

Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, and Independent Licensee of the Blue Cross and Blue Shield Association.