



**Children's Hospital Boston**

Department of Dentistry

Children's Hospital, Boston

300 Longwood Avenue – MailStop: HU – 226

Boston, Massachusetts 02115

phone 617-355-6571 – fax 617-730-0478

[www.childrenshospital.org/dentistry](http://www.childrenshospital.org/dentistry)



**HARVARD SCHOOL  
OF DENTAL MEDICINE**

Division of Pediatric Dentistry

Department of Oral and Developmental Biology

## Closed Plans

We would like to inform all of our new and existing patients who have a closed dental insurance plan of the conditions surrounding your benefits. Children's Hospital, Department of Dentistry is not a participant with those dental insurances with a closed plan and is considered an out-of-network provider.

### What is a closed plan?

A closed dental plan is a dental insurance group that obligates its members to seek care by a dental provider who is a network provider of the specific dental plan (much like a medical HMO plan).

\*Each plan provides a listing of these participating providers as part of the benefit plan.

### What does this mean for you?

- If you decide to seek dental care here at Children's Hospital, it is important that you understand the details of your dental benefits and the potential financial responsibilities.
- Third-Party reimbursement is reduced for services obtained from Children's Hospital, Department of Dentistry. As a result, you will have an increased co-payment (member payment obligation).
- If you have dental coverage with a closed plan, and you have Massachusetts Medicaid (MA Health) for secondary/tertiary coverage, dental services received at Children's Hospital, Department of Dentistry is considered to be out-of-network and will not be compensated by MA Health (as outlined by billing section 130 CMR 450.316(A) of the MA Health Provider Manual). The remaining balance will be the responsibility of the member.
- If it is medically or dentally necessary for you/your child to seek care here, a special authorization must be obtained. A referring dentist and/or medical provider must write a letter explaining the particular need(s) that requires that an out-of-network provider for



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you/your child. This approval must be reviewed and accepted by the benefit plan administrator before you/you child can be seen.

**For full details of the guidelines surrounding your plan, please consult your insurance company's benefits office.**