

DENTAL INSURANCE: POINTS TO CONSIDER

The following is a plain-language synopsis of most dental insurance contracts. Please read it carefully, and perhaps keep it for future reference.

- ✓ Dental insurance benefits do not work in the same way as medical insurance. There is **almost always a co-payment** due from the patient for **almost every** procedure.
- ✓ There are “deductibles” in all plans. At one time these deductibles were never taken out of preventive treatment (“cleanings”). Recently many carriers have begun to take deductibles out of preventive treatment.
- ✓ Insurance companies do not typically provide seminars or instruction books on the best method to obtain the highest financial reimbursement benefits for the patient.
- ✓ Irrespective of any dental insurance benefits that might exist, the patient is always legally responsible for the entire cost of dental treatment.
- ✓ The extent of dental coverage is solely dependent on the dental insurance plan purchased by the employer. The higher the premium the employer pays, the greater the dental insurance benefits.
- ✓ Even if there is a written predetermination of benefits returned from the insurance carrier, it is possible that after treatment is provided, there are no insurance benefits payable.
- ✓ We (the dental office) have absolutely no power or leverage to deal with the insurance carrier. Only the employee or the contract purchaser has power. Any complaints about benefits, payment, or coverage should be directed to Human Resources or the company owner.
- ✓ The letters *UCR* or insurance vouchers stand for *Usual, Customary, and Reasonable* fee. The dollar amount you see as UCR has no basis in reality. It is an arbitrary amount determined solely by the plan selected and insurance premium paid by the employee. There is no relationship to the actual dental office fee. The better the plan (i.e, the more premium paid), the higher the UCR will be.
- ✓ A single insurance carrier may have a dozen different UCR fees for same procedure, same office, and same dentist.
- ✓ There is no universal coverage and payment schedule established. Just because an insurance code describing a dental service exists, it does not guarantee that it will be a paid benefit under your policy. There are many dental procedures that are necessary, and many of them are preventive, but are not covered benefits.
- ✓ Financial benefits cannot be saved and carried over into the next year.
- ✓ “Participation”, “In-Network”, “Accept Insurances” – three terms you should consider are “Participation, “In-Network”, and “Accept”. We accept most dental insurance, wherein you pay the difference of what your chosen plan pays for any procedure. We only participate, or are in net-work of two insurances – Delta Dental Premier and Aetna PPO. The difference is we accept their UCR as the amount to be paid to us. But still often there is a coinsurance you must be aware of. In any situation, we recommend you check your insurance handbook before you receive your treatment.

Your dental benefits almost always have a yearly maximum contribution level. This amount is the MOST your insurance carrier is contractually obligated to pay during a defined year (calendar or otherwise). When this amount is reached, there will be no further dental benefits payable until the next benefit year. If you have already begun some additional dental treatment prior to the maximum being reached, the insurance carrier has no payment obligation beyond that of the annual maximum.