

Understanding Your Dental Benefits

Employer-sponsored dental benefits are a true advantage for employees. Studies show people with benefits are 2.5 times more likely to have their teeth cleaned, and most have healthier mouths. You can actually save money by accessing your dental benefits each year. Access to preventive care means major dental reconstruction is off the table – which can mean significant savings. Many times your plan may not allow the best care because of limitations or exclusions. Please: don't let your coverage be the only consideration when achieving your healthy, beautiful smile.

Here are a few tips about your dental benefits:

Annual Maximum

An annual maximum is the amount your dental benefit company will pay within a calendar year. Not every plan has the same maximum but in most cases it averages around \$1,000 per year. If you are not sure what amount you have used, contact our office and we can research it for you. Remember, your annual maximum renews each year and you lose everything left from the previous year. It's always best to gather as much information about your insurance as you can to provide our office.

Dental Benefits Monthly Premiums

You pay a monthly premium for your dental benefits, usually in the form of payroll deductions. In exchange for the premium, the insurance company covers your basic needs. Every family member should have regular dental cleanings to help prevent and detect early signs of cavities, gum disease, oral cancer or other problems. If you have dental benefits, the coverage can help in offsetting additional expenses for your family's dental treatment.

What is a deductible?

A deductible is the amount of money that you pay out-of-pocket before your benefit company will start paying toward dental services. This also varies from one plan to another; however, the average deductible range for a dental insurance plan is about \$50-\$100 per person per year. Notice it is usually not per family. Your deductible starts over when your plan rolls over.

Frequently Asked Questions

Why doesn't insurance cover all the cost of dental treatment?

Dental insurance is actually a money benefit provided by your employer to pay for dental treatment. Your employer buys a plan based on the amount of the benefit and how much the premium costs per month. Most benefit plans are only designed to cover a portion of the total cost.

What does 100% coverage mean?

The 100% typically is what the insurance company allows as payment toward a procedure, but not what your dentist may actually charge. For example, your examination is \$75.00, not including x-rays. Your insurance company may allow \$65.00 as the 100% payment for the exam, meaning you are responsible for the remaining \$10.00.

How does my insurance company decide what is allowed?

Many companies refer to the payments as "usual, customary and reasonable" or UCR. UCR is a list of dollar amounts paid for all covered procedures negotiated between your employer and the insurance company. What's covered is impacted by both the actual cost of the premiums and where you are located in your city and state. Your employer has selected and allowed payments on procedures that correspond to the premium cost they desire. Most employers will choose a lower UCR in order to save the company money.

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Why can you only estimate my coverage?

Dental offices deal with many plans and types of treatments each year. Most insurance companies refuse to release the details of their plans to anyone who is not a direct customer. They often make changes to policies and reimbursement amounts.

Does this mean there is always a balance for me to pay? Does this mean my dentist is charging more than he should?

Typically there is a portion that is not covered by your benefit plan. Remember that insurance companies have negotiated the amount to be paid by your employer. Usually the amount is much less than what your dentist, or other dentists in your area, actually charge for your dental treatment.

Why do some benefit plans require me to select a dentist from a list?

Usually a dentist on the list has agreed to a contract with the benefit plan which has restrictions and requirements. If your dentist is not on the list this does not mean that something is wrong with the dentist or the office. There are some insurance companies that pay the same benefits for out of network dentists as they do for the in network dentists. If you call our office, we can find out more and let you know.

Why does my dental plan only pay toward the least expensive alternative treatment?

Simply put – to save the insurance company money. Your dentist may recommend a crown, but your insurance company may only provide benefits toward a filling. This does not mean you have to accept the filling. The good news is that some benefit will be paid – the bad news is that more of the fee will be your responsibility. Keep in mind, your dentist is responsible to prescribe what is best for you and it's the insurance company's responsibility to control costs for the benefit of the insurance company.

Why doesn't my insurance sometime not pay anything toward procedures such as x-rays, cleanings and gum treatments?

Your plan contract has specific procedures it will pay annually. It limits the number of these procedures covered because these are types of treatments that many people have often. If you have already reached your limit for these procedures, it will not pay if you go over the limit.

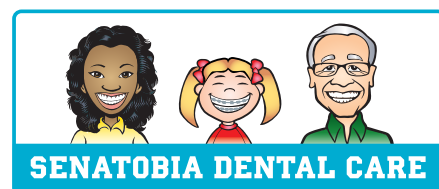
What should I do if my insurance does not pay for treatment I think should be covered?

Your dental coverage is between you, your employer and the insurance carrier; your dentist does not have the power to make your plan pay. If your insurance does not pay, you are responsible for the total cost of treatment. You might send in a claim for yourself or talk to your employee's benefits coordinator.

What if my spouse has insurance?

Dental plans used to work together. However, many times you will get little to no coverage from a second plan.

Remember that it only benefits you, the patient, to have as much knowledge about your plan as possible, so our office can provide you with the best estimate possible.



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