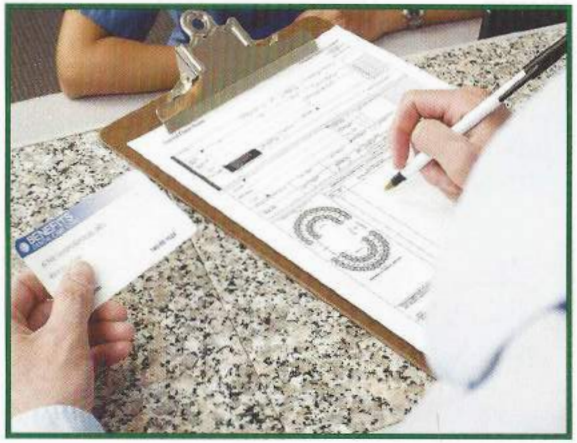
Dental Insurance – What Isn't Covered?

It's a common misconception that having dental insurance means the entire cost of your treatment is covered. In fact, many people who have dental insurance are confused when they owe any money at all. The truth is, dental plans are designed to help with your dental expenses, not pay for them entirely.

In most instances, employers negotiate the terms of the coverage they provide with the insurance company. That's why coverage rates differ from person to person.

There are some procedures that are typically 100% covered, such as routine cleanings. Then there are others that require you to pay a portion out-of-pocket. To help you understand your dental coverage better, we have listed some commonly used terms you may encounter when corresponding or speaking with your insurer.



Explanation of Benefits (EOB)

An EOB is a summary of payment written by your health plan. This is a document designed for patients to review and will contain information about what and how much of your procedures are covered. Dentists use this same information to provide estimates on out-of-pocket costs.

Usual, Customary and Reasonable (UCR)

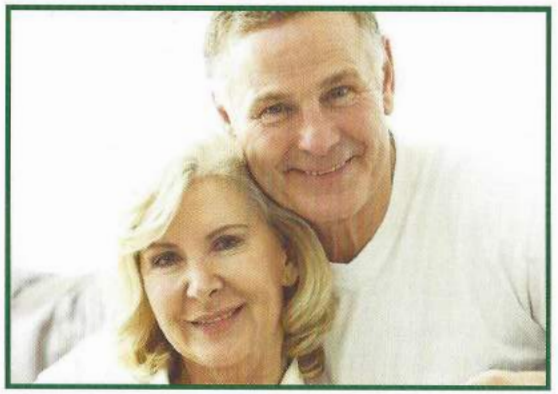
When only a portion of a treatment is covered, it's a pre-determined amount called a usual, customary and reasonable (UCR) charge. This is the maximum amount your insurance will cover. For instance, if a filling costs $50 and the UCR is $30, you must pay $20 out-of-pocket. UCRs can be a fixed amount or a percentage but do not indicate your dentist is overcharging.

Annual Maximums

The annual maximum is the amount of money your insurance will contribute toward your dental expenses for a specified amount of time (usually one year). You're responsible for paying anything that exceeds this amount.

Preferred Providers

Some dental insurers offer a list of preferred providers. These are dentists that have an agreement with the insurance company to provide service. By seeing a preferred provider, you may reduce out-of-pocket expenses.



Pre-Existing Conditions

If you have a condition that requires treatment prior to enrolling in a dental plan, it's considered a pre-existing condition. Most insurers will not pay to have a pre-existing condition corrected.

Coordination of Benefits

Sometimes people opt to have more than one insurance plan. When you have a procedure that is covered by multiple plans, you should take advantage of all the benefits you can receive. Coordination of benefits is the act of applying benefits from multiple plans to one procedure to cover more of the cost.

Nonduplication of Benefits

This is another term used when a person has more than one insurance plan. In the case of nonduplication of benefits, the plan that covers the most for a particular treatment is the only plan that can be applied toward the cost. You may not combine plans for additional coverage as with coordination of benefits.

Cost Control Measures

Insurers lower their expenses through cost control measures. Depending on the treatment, these measures can reduce or cancel your coverage for a particular procedure. You may find some of the following cost control measures within your plan:

✓Treatment Exclusions

When plans do not cover certain dental procedures, it's called a treatment exclusion. Just because a procedure is considered a treatment exclusion, does not mean it's unnecessary. Many treatment exclusions are essential for your oral health. In these cases, we can talk with you about arranging a payment plan to cover the cost of treatment if needed.

✓Plan Frequency Limitations

In some instances, plans will cover only a specified amount of treatments. For instance, cleanings may be covered twice a year, however, if more are required (due to periodontal disease, diabetes, braces etc.) the patient must pay out-of-pocket.

✓Not Dentally Necessary

If a procedure is deemed not dentally necessary, your insurer will not cover the expense. According to the terms of your plan, the treatment exceeds the generally accepted standards of care. For example, if you need a crown on a chipped front tooth, it would be considered restorative and most likely would be covered. But if you wanted whitening to match the crown, it would be considered cosmetic and not be covered. If you feel the treatment should be covered, you can appeal the decision with your insurer.

✓Downcoding

Sometimes there are a variety of ways to perform the same dental procedure. Differences may include the type or quality of materials used, the tools required, or even the way a procedure is performed. Downcoding occurs when insurers pay for the lower cost procedure only. For instance, the materials used for a silver filling are far less expensive than the materials used for a white filling. Your insurer is down-coding if it will only cover the amount for the silver filling and you pay the balance for the tooth-colored filling.

✓Least Expensive Alternative Treatment

Often, there are multiple options of treatment available for a specific dental condition. The least expensive alternative treatment is when a plan will only pay for the lowest cost option, regardless of the treatment plan decided upon by your dentist.

✓Questions and Concerns

It can be confusing to understand all of the details of your dental insurance benefits. If you have additional questions or concerns, call your insurance company for assistance or ask if your dentist's office has an insurance specialist on staff.

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The more you know...

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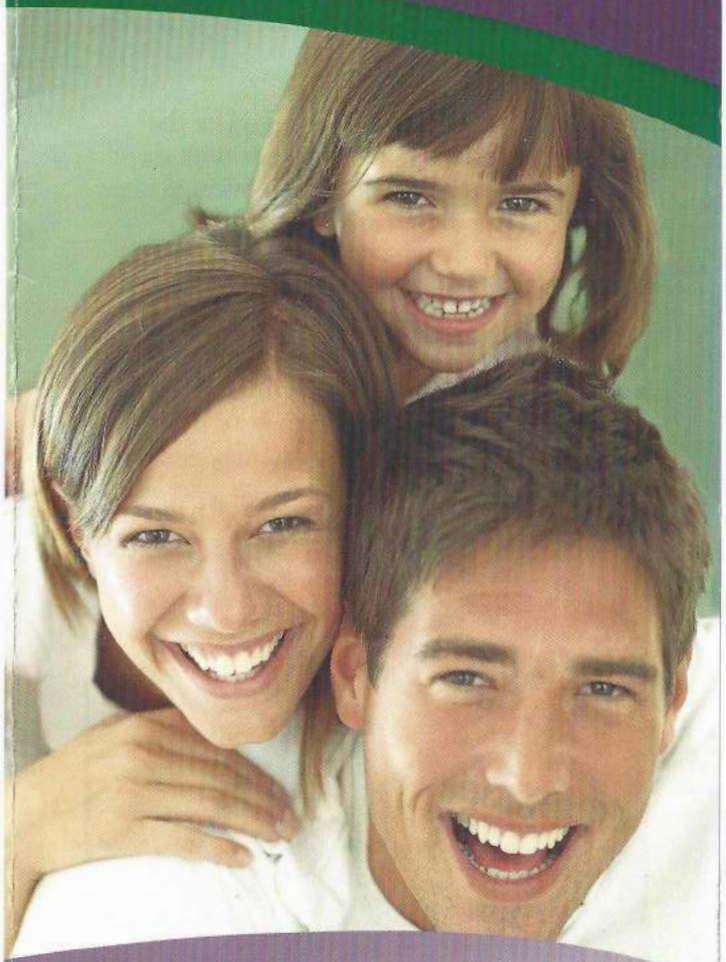

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