

What Does My Insurance Cover?

1. How does dental insurance work?

Dental benefits are not really insurance plans. They are agreements to help pay for some of your dental needs. The more your employer pays for coverage, the lower your out-of-pocket costs will be. However, whatever your benefits, they are a wonderful gift to have.

2. How are plans different?

Most plans have co-payments, deductibles, maximums, and excluded services. Tables 1 & 2 provide easy explanations and examples of these confusing features.

3. My plan covers 100%.

Perhaps for some services; but never for all. Plus the 100% may be on an artificial fee, rather than what any dentist in your area charges. For example, take an X-ray. A good plan might set coverage at \$20, a middle plan at \$10 and a low-priced plan may exclude it altogether. Yet all the plans may claim to cover X-rays at 100%.

4. Can you waive my portion & accept whatever insurance pays?

This seems innocent and we'd like to help. However, such acts are considered falsified billing. Carriers audit records for such activity and prosecute violators aggressively.

5. Can you change codes, or dates, to get me better coverage?

Insurance carriers inspect records. Your x-rays, lab slips and chart tell the true story. If fraud is committed, you and your dentist can be fined or imprisoned.

6. I reached my maximum in no time. Is that normal?

The \$1000 maximum was set 40 years ago. At that time, \$1000 was considered a reasonable level of dental coverage each year. Adjusting for inflation, your maximum should be about \$5000 today, but employers have sought to keep costs down. Many people need care that far exceeds this artificial maximum.

7. My insurance will pay only for a less expensive treatment. Should I get that instead?

Insurers commonly pay for the "least expensive alternative treatment." Many times this is not the smartest or best choice. Tables 1 & 2 provide some examples.



8. If I don't have coverage, it must not be necessary; right?

No. The limitations of your policy are totally arbitrary. They have no relation to the treatment that you need or may want. Remember, your dentist's responsibility is to advise you what treatments are available and what is best for you. Your insurance contract is designed by lawyers and financial experts to control costs.

9. My carrier said my dentist overcharged me. What should I do?

Carriers often call their artificial fees "usual, customary or reasonable." However, these fees are often based more on what premium your employer paid, than what any dentist in your area charges. There are virtually no regulations as to how insurers arrive at their reimbursements; and most refuse to release such information. Fees may be outdated, unrealistic, or based on an inappropriate geographic area.

10. Why aren't preventive treatments or better alternatives covered? Wouldn't insurers save in the long run?

Employers change carriers, on average, every 2 years; so your insurer is not concerned with what happens later. Insurance corporations report profits quarterly. The incentive for them is to save now, not years later.

11. Why can you only estimate my coverage?

Dentists deal with 1000's of plans and 100's of types of treatments each year. Most carriers refuse to release the details of their plans. They change policies and reimbursements constantly and without notice.

12. Why not send written estimates?

Pre-authorizations are rarely required, despite contract language that is designed to suggest otherwise. The process is so long and frustrating that statistically nearly 70% of estimated work never gets done. Plus carriers rarely disclose what the actual dollar reimbursement will be anyway. Most dentists consider pre-estimates a waste of time.

13. Coverage seems so unfair. How much is dental insurance?

At only about \$30-50/ month for family coverage, dental benefits are a wonderful bargain. If your plan is disappointing, show your employer this pamphlet. They may not be aware of the restrictions and fine print in the contract they purchased. Better benefits often cost only pennies more.



14. What if my spouse has insurance?

Dental plans used to work together. However, many times you will get little or no coverage from a second plan any more. Consider any extra benefit an unexpected gift.

15. Do you take medical insurance?

Medical plans do not cover dental services, except for a few situations, such as accidents and some oral surgery.

16. How do dentists get on the list of "preferred providers"?

Providers are screened for malpractice and legal violations; but for the most part all they have to do is agree to accept lower reimbursements. Be aware. The more compensation is reduced, the more difficult it is to devote adequate time to you; or to offer you the latest in quality care. The shorter the list of dentists, the more compromises you may be unknowingly accepting.

17. How do you handle my insurance?

We are happy to process your paperwork for you. To accept insurance, we ask you to keep a credit card on file. Before treatment, we will approximate your coverage and ask for your estimated co-payment. After insurance pays, we will credit or charge your card to reconcile any differences. Whatever your coverage, please remember that you are ultimately responsible for payment.

18. Why do you collect co-payments automatically?

The more paperwork and administration costs we eliminate, the more savings we can pass back to you.

19. Does dental insurance have to be so complicated?

No. Many companies are switching to "direct reimbursement plans". These are so clear and simple that they cut administration costs by 50% or more. Most employers do not know about them. For more information, have them call the American Dental Association at **800-621-8099 Ext 7746**.

20. How can I get the most out of my dental insurance?

Only dental practices that have taken advanced courses in insurance get this pamphlet. If you're reading this, you're probably in the right place.