

# 8 THINGS YOU SHOULD KNOW ABOUT YOUR INSURANCE

- 1 BE YOUR OWN ADVOCATE**

Do you have a PPO or HMO plan? Do you know what these acronyms mean? The insurance world is complicated and can be intimidating, but as the patient, it is your responsibility to have a clear understanding of your policy and its limitations. Make sure to call your insurance company or visit their website to get your coverage details. These days, dental insurance is more of a dental assistance plan; most plans do not cover everything it takes to keep your mouth healthy.
- 2 IN-NETWORK VS. OUT-OF-NETWORK**

Do you know the in and out-of-network benefits of your insurance plan? When a provider is not in-network with your insurer, it does not necessarily mean you will not have coverage for your treatment. Check with your insurance company to determine how your benefits work within our office.
- 3 BE MINDFUL OF YOUR YEARLY MAXIMUM**

Most dental insurance plans have a yearly maximum. Once you reach that maximum, you will have out of pocket expenses for any additional treatment (even those "covered" by your plan). Keep in mind that dental insurance does not carry over year to year, so you lose what you do not use!
- 4 KNOW YOUR DEDUCTIBLE**

Most insurance companies have a yearly deductible, which is the amount you have to pay before your insurance makes payments. In most cases, this applies to all treatment (with the exception of preventative care), but plans vary so it is important to check with your carrier.
- 5 LEARN YOUR COVERAGE PERCENTAGES**

Insurance companies cover procedures at different rates. For example, preventative care (like cleanings, x-rays, etc.) are often covered at 80-100% while major treatment (like crowns, dentures, etc.) are often covered at 50%. These percentages are based on your plan's allowed amounts, not on the fees charged by the provider.
- 6 YOU CAN GET A PRE-TREATMENT ESTIMATE**

If you want to know exactly how much you will have to pay out of pocket, we can submit a pre-treatment estimate to your insurance company. Please note that these estimates may take 4-6 weeks to be processed by your carrier and can only be filed if there are no other outstanding claims. These estimates are for planned treatment, but will not take into account any changes to your treatment plan after the estimate was submitted.
- 7 KNOW YOUR INSURANCE LIMITATIONS**

Dental insurance rarely pays for the entire cost of your treatment. Even with the most comprehensive plans, treatment will usually require some out-of-pocket payment.
- 8 UNDERSTAND THE TERMINOLOGY**

Does your plan have a waiting period? Missing tooth clause? Tooth replacement clause? Does it pay on the prep date or seat date? Understanding these parts of your plan will help you maximize your benefits and plan your treatment to best suit your budget.

# DENTAL INSURANCE TERMINOLOGY

## **In-network vs. Out-of-network**

"In-network" providers have contracted with your insurance company to accept certain negotiated (discounted) reimbursement rates. "Out-of-network" providers are not contracted with your insurance company. However, many plans still provide benefits for out-of-network providers.

## **Deductible**

Your deductible is the amount you have to pay before your insurance benefits start.

## **Yearly maximum**

Your yearly maximum is the total amount your insurance company will pay out for the entire year. Any treatment beyond the maximum is the patient's responsibility.

## **Waiting period**

Some insurance plans require a period of time that must pass before services will be covered. For example, if you enroll in a new plan, some of all of your benefits may not begin until July or December (6-12 months from your enrollment date).

## **Missing tooth clause**

Many insurance plans dictate that if you are missing a tooth prior to enrollment, replacement will not be a covered benefit.

## **Replacement clause**

Some insurance companies will only cover the replacement of bridges, crowns, dentures, etc. after a certain period of time from their original placement.

## **Seat or prep date**

Some insurance companies pay on the date crowns or other prosthetics are "prepped," while others pay when they are "seated" or "delivered." It is important to know how your insurance pays in order to plan your treatment and get the most benefit from your coverage within your plan's annual period.