

## Why Doesn't My Dental Insurance Pay for This?

Our main goal is to help you take good care of your teeth & gums. We will file your claims with your dental insurance company as a courtesy to you. You are ultimately responsible for the full amount of the claim. If your dental insurance pays a portion of your claim, you are responsible for the remaining balance.

Most all dental plans are the result of a contract between your employer and an insurance company. The amount your plan pays is agreed upon by your employer with the insurer.

If your employer offers dental insurance, consider yourself fortunate. It is a benefit that can help you reduce the costs of dental care. However, no dental insurance plan is set up to cover all of your costs.

It is important to understand what your dental insurance will cover and the amount you are responsible for to avoid surprises on your dental bill. Your dental coverage is not based on what you need or what is recommended by your dentist. It is based on how much your employer pays into the plan. Employers generally choose to cover some, but not all, of their employees' dental costs. If you are not satisfied with your dental coverage, let your employer know.

You may be tempted to decide on your dental care based on what your dental insurance plan will pay. ***Always remember that your health is the most important thing.*** The least expensive option is not always the best. Insurance companies are not looking out for your best interest and well being. Consider your dental insurance a helping hand in paying some of your dental expenses.

Here are some insurance terms to review. Use them as a guide when deciding which dental insurance plan is right for you.

### Explanation of Benefits (EOB)

An EOB is a statement from your insurance company explaining what they will cover and what you must pay to your dentist. If you have questions about the EOB, contact your insurance provider.

### Annual Maximums

This is the dollar amount a dental plan will pay during the year. The amount of your maximum level is your employer's decision through the contract with the insurance company. You are expected to pay co-payments, as well as any costs above the annual maximum. Some plan maximums are renewed in January but that is not always the case. Ask your human resource representative or refer to your dental plan information supplied to you by your employer when your benefits renew. Maximums are unfortunately low and do not keep up with the costs of dental care. If your maximum is too low to meet your needs, ask your employer to look into plans with higher annual maximums.

### **Usual, Customary, and Reasonable (UCR)**

Usual, customary and reasonable charges are the maximum amounts that will be covered by your dental insurance plan. Although these terms make it sound like a UCR charge is a standard rate for dental treatment, that is not the case. The terms “usual,” “customary” and “reasonable” are misleading for several reasons:

- UCR charges do not reflect what dentists “usually” charge in a given area.
- Insurance companies are not required to match or even compare actual fees charged by dentists. They can set whatever they want for UCR charges.
- Each insurance company has their own formula and is not required to say how they set their UCR rates.
- Insurance companies’ UCR rates stay the same for many years – for example, they do not have to keep up with inflation.

If your dental bill is higher than your insurance companies UCR, it does not mean your dentist has over charged you. In most cases, it is because your insurance company has not updated its UCRs, or the formula/data used to set the UCRs is taken from areas of your state that are not similar to your community.

### **Preferred Providers**

Your plan may want you to choose a dentist from a list of its preferred providers (dentists who have a contract with your plan). The term “preferred” refers to the insurance company’s choice of dentists, not yours. We feel you, as the patient, should see a dentist of your choice. If you choose to receive dental care from outside the preferred provider group, you may have higher out-of-pocket costs. Educate yourself about your plan’s methods for paying both in- and out-of-network dentists.

### **Plan Limits**

Some patients may need treatment more often for optimum oral health. Dental insurance plans may limit the number of times it will pay for certain treatment.

Example: You may need a dental cleaning four times a year yet your plan only pays for dental cleanings twice a year. Be aware of the details of your dental plan but decide about treatment based on what is best for you and your health, not just what may be covered. Insurance companies do not care about your particular oral health needs and necessary treatment but your dentist does.

### **Pre-existing Conditions**

Dental plans often do not cover conditions that existed before you enrolled in the plan. For example, benefits will not be paid for replacing a tooth that was missing before the effective date of coverage. Treatment may still be necessary to maintain your oral health even though your plan may not cover certain conditions.

### **Least Expensive Alternative Treatment (LEAT)**

If a plan has a LEAT clause, it means that there is more than one way to treat a condition. The plan will only pay for the least expensive treatment. This is one way insurance companies keep their costs down. However, the least expensive alternative is not always the best option for you.

**Coordination of Benefits (COB) or Nonduplication of Benefits**

These terms apply to patients covered by more than one dental plan (for example, if you are insured by your employer and are also on your spouse's plan). Insurance companies want to know if you have coverage from other companies. This is so they can coordinate your benefits. For example, if your primary dental insurance will pay half your bill, your secondary dental insurance will not cover that same portion of the bill.

Even though you have two dental insurance plans, there is no guarantee that both plans will pay for your services. Each insurance company handles COB in its own way. Please check your plan for details.

While it can be frustrating if you expect your dental insurance to cover your entire bill, the costs of dental care can be managed. Become familiar with your dental plan coverage, limitations and guidelines and do some advanced planning. We will work together to take the best possible care of your teeth and gums. We hope this has helped you have a better understanding about dental insurance and how it works.