



Guide to Understanding
Your Dental Benefits

This Free Guide to Understanding your Dental Insurance Benefits has been provided to answer some of the common questions our patients ask regarding their policies. Below is a list of customer service phone numbers for just a few of the providers in our area.

Delta Dental Customer Care : 888-282-9501

MetLife Customer Service: 877-638-2862

Cigna Customer Service: 800-244-6224

Spirit Dental Customer Line: 866-619-6095

Humana Dental & Vision: 877-877-1051

It's Confusing

We agree, insurance is not an easy topic to grasp. That's why we have a growing team dedicated solely to handling your dental benefits.

Constantly changing rules and fancy words make it very hard to be confident about what is and isn't covered by your dental benefits.

It's not the way it should be.

Our desire is to educate and empower our patient base to make better decisions for themselves and their families.

While this guide is not exhaustive, it does cover a range of terms and topics that we believe will be most

helpful to better understand your dental benefits.

Please feel free to share this guide with a friend or family member that you know could benefit to learn more about insurance.

We look forward to serving you!



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Patient Responsibility



We provide a complimentary benefits check for every patient that comes to our office.

While we do make every effort to thoroughly research each individuals' plan, it is ultimately the responsibility of you, the patient, to know your own dental benefits.

We will continue to perform benefit checks for our patients as a part of the experience that we offer.

Additionally, we recommend that you reference this guide so that you can better understand what your dental benefits may or may not cover.



The more that you know about your dental benefits, the more accurately we will be able to provide estimates!

How Do I Contact My Insurance?



- Find your insurance carrier phone number (either by Googling the name, or on a bill/insurance card).
- You will be greeted with an automated voice message. Say/select "Member." (you may be asked to enter your policy ID or Social Security #).
- Next you will say, "Representative." You will then be connected with an insurance rep.

Some example questions to ask:

1. Is there a waiting period for any procedures?
 2. Are there any restrictions on my plan?
 3. What is your fee for XYZ Procedure (Example: Fillings) and what percentage do you cover?
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What Do Dental Benefits Cover?

A number of factors go into the amount that your benefits will cover.

Your policy maximums, allowances, and waiting period, all influence how much insurance will cover.

We recommend all patients become familiar with their dental benefits by calling a representative.

Instructions on how to do this are on page 6.

Typically, the less you pay for dental benefits, the less coverage your benefits will provide.



FAQ & Frustrations

- **Why do I have a bill?**
- **I thought my insurance covered everything?**
- **I already paid my portion in office!**
- **The estimate you gave me was wrong!**



An estimate is just that, an estimate.

Especially for insurances that we are not in network with, we cannot know their fees for dental services.

Based on prior fees, we can estimate what your benefits will cover.

The more information that you, the patient, can give us

FAQ & Frustrations Continued

the more accurate our estimate will be.

Helpful information to give to your dentist can include:

- Maximums (total \$'s covered per year of dentistry)
- Limitations (# of services covered per year)
- Waiting period (# of months to pass before dental benefits begins).

If you ever have any questions about your benefits, the best option is to call your insurance company and not your dentist.



Definitions



Preventative Care

Cleanings, X-Rays, Doctor Exams, and for <18-years old, fluoride and sealants.

Basic Care

Fillings, Oral Surgery, Root Canals (it is rare, but certain insurances consider oral surgery and root canals as a "major care" procedure).

Always check with your insurance company first!

Major Care

Crowns, Dentures, Bridges, and Implants.



Deductible

A one-time fee that needs to be paid 1x/Benefit Period before receiving coverage on specific procedures.

Call your insurance to see what is and isn't covered...



Definitions Continued

by your dental benefits before your deductible is met.

Maximums

Your policy maximum is the max dollars-worth of dentistry that they will cover each benefit period.

Example: Insurance 123 will cover a maximum of \$1,000 worth of dentistry every benefit period.

If your insurance covers fillings, but they have already covered \$1,000 worth of dentistry for you that benefit period, they will not cover another filling before a new benefit cycle begins.

Allowances

An allowance refer to the amount of dollars your insurance will charge on a specific procedure.

This is also called their "fee schedule."

Definitions Continued

Example: Your dentist is Out-Of-Network with Insurance 33 and they charge \$120 for a filling.

Insurance 33's **Allowance** for fillings is \$100.

This means that insurance will cover \$100, and you will owe \$20 to the dentist.



In-Network & Out-Of-Network

If your dentist is **In-Network** with a dental insurance, it means that there is an agreement between your dentist and that insurance over the price of procedures.

Example: Mr. Dentist charges \$1,200 for a crown.

Insurance ABC has agreed to this fee, and will cover \$600 (50%) for anyone on their policy.

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Definitions Continued

When insurance is **In-Network** with a dental office, they share each other's fees for procedures.

That way both companies understand how much a procedure costs, and how much will be covered.

If your insurance is **Out-Of-Network**, then there is no agreement between the dentist and the insurance company over the cost of procedures.

Example: Mr. Dentist charges \$,1200 for a crown.

Insurance 33 is **Out-Of-Network**. They say a crown is only \$700 (this is their **Allowance**) and they cover \$350 of the \$700 (50%).

Because Insurance 33 is **Out-Of-Network**, they do not



Definitions Continued



share this information with Mr. Dentist.

The patient tells Mr. Dentist, "My insurance covers 50% of crowns." However, Mr. Dentist doesn't know what Insurance 33 says a crown costs (Insurance 33 says \$700 instead of \$1,200).

So,

1. Mr. Dentist charges patient \$1,200 for a crown.
2. Insurance 33 covers 50% of \$700 (this is their fee schedule, but since they are **Out-Of-Network** they don't tell Mr. Dentist their fee).
3. The patient pays 50% of their dentist's fee (\$600) at the front desk, and goes home, expecting Insurance 33 to pay the other 50%.

Definitions Continued



4. The patient later receives a bill for \$250 and becomes confused and frustrated, what happened?

\$1,200 - Cost of Crown.

-\$600 - What the Patient paid, thinking insurance covered the other 50%.

-\$350 - What Insurance 33 actually covered but did not tell the dentist because they are **Out-Of-Network**.

= \$250 - Remaining balance owed by the Patient

The Patient was told by Insurance 33, "Crowns are covered 50%," but didn't know that Insurance 33 has a different fee** than Mr. Dentist.

Definitions Continued



Pre-Authorization (Another Option)

You can request a pre-auth, which is asking your dentist to get extra information from your insurance company **before** your appointment.

This is still an estimate, but it will be more accurate.

Typically, patients ask for a pre-auth for larger treatments like fillings, root canals, crowns, etc.

You will **always** receive the pre-auth in the mail before the dentist does. If you have not received the pre-auth, it is best to call your insurance (and not your dentist, as they have no control in the process).

Waiting Period

A certain amount of time determined by your insurance

Definitions Continued



policy before your dental benefits begin.

Example: Insurance 33 covers root canals, but only after a waiting period of 8-months.

This means Insurance 33 will cover root canals only after you have held the policy for at least 8-months

E.O.B. (Explanation of Benefit)

A letter from your insurance** explaining what was covered by your dental benefits at your recent visit.

You will always receive this before the dentist does.

If you have questions after receiving your EOB letter, it is best to call your insurance first, as your dentist will not yet have the EOB.

**check the logo on the letter to confirm that it is from your insurance company and not your dentist.

Creative Payment Options

Please call to set up an appointment with a treatment coordinator to discuss creative payment options.

Typically, this can all be done over the phone!



CALL US :

916-481-2000

Thanks for Reading!

We hope this guide helped you to better understand the (confusing) world of dental benefits (a.k.a. your dental insurance).

If you have any questions, it is always better to contact your insurance company first before trying to contact your dentist.

We'll see you soon!

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