

Dental insurance is a complex subject that is often frustrating and confusing. Insurance plans and contracts are full of fine print and are difficult for most people to understand. We have put this information together to help you understand how dental insurance works, and how we can help you get the most out of your coverage. At the heart of it, you need to understand that dental plans are not, for the most part, geared to support high-quality comprehensive dental health care. That is our job, and yours.

We have dealt with dental insurance plans for nearly thirty years. Over that time, many insurance plans and many dental insurance companies have come and gone. We've learned a lot over the years, and have seen some disturbing trends of late. Here's what we know about dental insurance.

Dental plans can be helpful in affording dental care. Some provide a wide range of benefits, and typically cover a little more than half the cost of care (usually with an annual limit). They virtually never cover 100% of anything. Other plans provide very limited coverage (despite their claims to provide full coverage), and have fine print provisions which may make them of little use to some patients.

Dental plans are contracts between carriers and an employer. The services selected for coverage are based on the cost of those contracts, and may only provide the most basic dental care. There may be little or no relationship between your dental plan and your dental needs

Some plans do not cover essential services, let alone the higher quality care our practice offers and you deserve. Finally, some plans are simply incomprehensible in their coverage (and non-coverage) of some common modern dental procedures. It can be dangerous, therefore, to let your insurance plan totally dictate your dental care.

Dental benefits have two main limitations, which are often hidden in the fine print. The first is an annual benefit limitation, typically about \$1,000 per year. This has remained unchanged for the past twenty-five years! Think about some typical living costs today, compared with then, and how it would be if, for example, you were limited this year to what you spent on groceries back in 1975.

The second hidden limitation is what the insurance companies like to call the "UCR", the "Usual, Customary, and Reasonable" fee. Insurance companies would like you to think that these are "average" or "typical" fees for various dental services, but in most cases they are well below what we know to be prevailing fees.

Insurance companies refuse to reveal how they arrive at the "UCR" and we have encountered variations of up to 100% between companies, and even big variations among different plans administered by the same company!

Our fees are the same for everyone, insured or not, and are based on what it costs us to do good dentistry. We use the dental association and other fee surveys to help us stay within the ballpark and remain "competitive". So when insurance companies limit your benefit to their "UCR," please remember it is their number, not ours, and it might be better termed "TAPP" (That's All the Policy Pays).

We will always try to help you understand and make the most of your dental insurance benefits. We will complete and submit "pre-estimates" of benefits to determine what your plan will pay toward your needed care. Sometimes it is in your best interests to begin treatment before your carrier responds (which can sometimes take weeks or even months). You are, of course, responsible for all charges regardless of what your insurance plan pays.

We will submit dental insurance forms for you unless you choose to pay in full at time of service, receive a 5% courtesy discount, and then deal with your own insurance.

We will work hard to complete and submit your insurance claims. It is critical that we have up to date and accurate information from you to do this. Be aware that some insurance companies are slow to pay claims, and they often delay payment by asking for more information (often the same information we have sent them for pre-estimates).

If necessary, we may ask you to contact the company, or your employer's human resource people to get action on a claim. As always, you are responsible for all charges regardless of what your insurance plan pays, or how long they take to pay the claim.

A few final thoughts.

Many common services are not covered by dental insurance companies. Typically these include cosmetic services (no matter how badly needed), implants, occlusion or bite rebuilding, adult orthodontics, etc. These services are often critical to the comfort, function, and quality of life of many of our patients, but they are rarely covered in dental insurance contracts.

We base treatment recommendations on what is best for you, for your lifetime dental and oral health. For over forty years, our practice has succeeded in serving the best interest of our patients. We have yet to encounter an insurance contract that looks at it that way.

We are always happy to help you, to respond to your questions, to get back to you with answers. We rarely encounter insurance carriers who work this way.

We do not participate in any HMO, PPO, or other "contracted managed care" schemes. The reason is simple: Such plans typically demand that dentists discount their fees by 20% to 40%. Our "overhead" may run as high as 70%, and the math tells you that we would either work for "free", or be forced to cut our expenses by cutting corners, using fewer staff, poorer materials, or cut-rate methods.

We won't do it. We don't treat our own families that way, and we will never give our patients any less! Quality dentistry is not cheap, but it is a real value in the long run.

Any questions? Please ask. We are here to serve you.