

Problem Solvers 38 Dental Insurance-what I need to know!

Synonyms: dental coverage, insurance coverage, UCR, policy limits, deductible.

Dental insurance is a contract that is between your employer and you. The level of your benefits and the quality of your insurance depends upon the amount you and your employer spends for this particular plan. In this article you will learn details about dental insurance that will help you understand the limitations of your plan so you may discuss it with your employer.

Dental insurance companies have offices in every city because they are in business to make a profit. That being said, dental insurance is a different model than medical insurance. The benefits paid on a dental policy are \$1000-\$1500 on average, per year, which hasn't changed in 40 years!

It is helpful to understand a few definitions:

UCR is Usual and Customary: This causes a lot of frustration as the formulas for figuring out what is a usual and customary fee are not given to consumers or health care professionals. The higher the UCR, the higher amount your insurance pays toward any one procedure up to your maximum.

PPO is preferred provider organization: in any given area the insurance contracts with the doctors to create a network of providers that will discount their fees in order to receive patients from this network.

DHMO is dental health maintenance organization: an assignment of a provider where you must be seen at a specific clinic and no outside benefits are paid for dentistry performed at any other clinic.

My husband has a different insurance than I do through work. Should we keep them both and will one pay what the other will not?

The answer is to see if there is coordination of benefits. Some plans will not pick up the balance of costs if a primary policy has made payments. And other plans are selective in their coverage of certain procedures. Understanding each policy will help make the decision whether to keep both or stick to one.

My child is 26 and in school, are they still covered by my policy?

Possibly, some state laws have been passed that allows children that are in or have completed school to be covered up until they turn 27 years of age.

My insurance covers a percentage for silver fillings but won't cover white fillings in

my back teeth. My dentist won't do silver fillings because he doesn't think they are as safe. Can I get my insurance to pay more?

Insurance will cover the percentage of fillings for the least expensive covered material-amalgam. The difference in cost between a white and metal filling must be covered by the patient in order to have this superior service.

My PPO insurance plan only pays a little for crowns and I need crowns on my front teeth. The dentist gave me the option of using a much nicer dental lab. Can I pay the difference so I can have prettier crowns as they are on my front teeth?

Strictly speaking a dentist may only provide what the insurance policy has contracted for. If you don't utilize your insurance you may have any service you like to have a more personalized set of crowns made. You may ask your insurance company if they will pay a fee and you can pay the differential in cost but it is up to the company as to whether it is allowable.

My children all need braces can I use my insurance for all of them at the same time?

Yes, insurance is paid for by the person, not the family, so the benefit will be payable per child. The balance of what is not covered would be your responsibility. To make sure that orthodontics is covered, a preauthorization may be needed.

I have a flex spending account; can I use it for my dentistry?

Yes! Flexible spending is a wonderful way to select the dentistry you want and pay for it with tax-free dollars. Also check with your employer about other health saving benefit options.

If I use my dental insurance but have money left over at the end of the year will it roll over into my benefits for the next year?

No, benefits are only payable for a specific benefit year during which a procedure was performed. If you don't use it you lose it.

I am not happy with my dental clinic. It is the only clinic my insurance allows me to go to and I feel like it's a factory! Can I go somewhere else?

Yes, you may always elect not to use your insurance to cover dental treatment. However, if you have to use insurance to offset your costs, then, the answer is no. When your insurance is up for renewal you can discuss what would be involved in changing your plan. If you are not happy with your insurance you may be able to pick a different plan or purchase a plan on your own.

Do I have to have a prior authorization sent in to have a crown done? I need to move fast to get it done before the end of the year and the pre-authorization won't be back in time.

You can have the procedure done without a predetermination or pre-

authorization. The insurance company may still pay the agreed upon amount but if it was found that the crown or bridge was not approved as “necessary” by their consultant, you may be stuck for the full bill. Performing this pre-authorization will give you a better idea of if a procedure is covered and how much they will pay for it.

*The insurance company also hopes you will change your mind and the delay in waiting for payment certainly accounts for a lot of dentistry not being performed. Delays in receiving predeterminations, requests for additional information or x-rays can really add to the time required for approval. If you need the crown or bridge, the office can usually estimate your portion and you can get it done during this years benefit period.

Does a preauthorization guarantee they will pay?

No! There is fine print saying that a predetermination does not guarantee reimbursement. How’s that for confusing?

I need some expensive dentistry; can I do financing on whatever my insurance won’t cover?

That depends upon the dental office you go to and what programs they have for financing. At our office we offer interest free financing for up to 18 months for extensive dentistry.

Will insurance pay for my bleaching and implants?

Most insurance will not pay for any cosmetic services like bleaching, veneers or dermal fillers. Dental implants are also not covered by most policies but some are beginning to offer benefits.

Why would an insurance company pay for a bridge where you have to destroy healthy tooth structure on two teeth instead of paying to put a small screw in and building a tooth without harming my own teeth?

Great question! When you have an answer let me know, as it is counterintuitive and not supported by the literature to be a better choice for our patients. As well, some insurance policies have an alternate benefit clause, which means they pay for the least expensive treatment.

As a whole dental insurance companies do help a lot of patients have access to dentistry but unfortunately the coverage is so low that people with very poor oral hygiene or severe reconstructive needs get little relief from the expenses associated with needed treatment. Insurance companies would rather pay for extractions and dentures instead of paying for bone grafting and implants. This results in millions of dollars of burden to our health care system as denture patients have been shown to

have more digestive and intestinal problems requiring more health care dollars be spent to aid them with their problems.

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