

HOW DENTAL INSURANCE WORKS

Understanding how dental insurance works can be difficult. Here are a few facts that may help:

- Dental insurance is a contract between you or your employer, and a dental insurance company.
- Dental insurance, generally, does not pay all costs of service.
- Dental insurance, generally, does not pay for every type of service performed.
- Any amount not covered by insurance is the patient's financial responsibility to the dental office at the time of service.
- At the time of service, the patient's portion of the payment responsibility is only an estimate. The amount of the patient's precise financial responsibility is determined by the dental insurance company after the claim has been filed. When the insurance company sends payment (or denial) to the dental office, they send an Explanation of Benefits (EOB) detailing the specific claim charges and payments. At the same time, a copy of the EOB is also sent to the patient. Our office statement is then issued to the patient. Most questions regarding your statement are best directed to your insurance company.
- Our office is happy to file the dental claim on behalf of the patient, for the insurance company's service benefit. The terms of the insurance are between you, your employer and your insurance carrier. The dental office has no control or influence regarding the coverage you receive from your insurance carrier.
- Some dental insurance plans require a waiting period, usually for Basic and/or Major dental work. It is imperative the patient be aware of any waiting periods and advise the dental office.
- There are innumerable variations in what dental insurance plans pay.
- Some dental plans require a deductible be paid before insurance coverage begins for certain types of dental work.
- Most dental plans have a limited amount per year that they will pay for dental services (Annual Plan Maximum). Once that limit has been reached, the patient is responsible for full payment of services until the plan renews.
- Dental plans, even ones with the same employer and group number, can change every year on the employer's open enrollment/anniversary date. The employer chooses various reimbursement levels and discussing your needs with your human resources department can help change your plan benefits.

Our dental office has limited resources in determining your personal, specific coverage. In order to be financially prepared for your dental visit, you need to know your dental plan. Ask your HR contact at work, look online, or call your insurance company to get the details of your policy.