colorado kids
PEDIATRIC DENTISTRY

FACTS ABOUT INSURANCE

Understanding your dental benefits is not easy. There are as many different plans as there are contracts. Your employer has selected your plan and is ultimately responsible for how your contract is designed. Remember, whether your plan covers a major portion of your dental bill, or only a small amount, dental benefits are good for patients because they help pay for necessary treatment.

It is important to know that each contract will specify what types of procedures are considered for benefits. Even if a procedure is medically and dentally necessary, it may be excluded from your contract. This does not mean that you do not need the procedure. It simply means that your plan will not consider the procedure for payment. For example, your dentist may recommend fluoride and/or dental x-rays two times per year based on your dental caries risk assessment, but your dental plan may have a frequency limitation that would prohibit payment for the procedures.

These facts about insurance are provided to answer a few of the more common patient questions.

- **Dental insurance is a contract between you, your employer and your dental insurance company.** The employer usually buys a plan based on the amount of the benefit and how much the premium costs per month. Most benefit plans are only designed to cover a portion of the total cost. Typically, the lower the premium cost the lower the benefit level.
- **Many carriers have "allowed" amounts.** They refer to these allowed amount payments as UCR, which stands for usual, customary and reasonable. However, UCR does not always mean what it seems to mean....it is actually a listing of payments for all covered procedures negotiated by your employer and the insurance company. This is directly related to the cost of the premiums. The benefit profile may show 100% coverage for a procedure but it may have a maximum plan benefit for that same procedure. For example, your dental office may charge $80 for an examination, but your plan has a maximum UCR of $60 for that procedure. Even though it states 100% coverage, it will only pay the maximum for that plan resulting in a $20 balance that then becomes the patients' responsibility.
- **Insurance plans have an annual maximum limit on the benefits offered.** Maximums limit what a carrier has to cover each year. Amazingly, despite the fact that costs have steadily increased, annual maximum levels for dental care have not changed since the 1960s.
- **Many insurance plans require you to select a dentist from a list.** Usually the dentist on the list has agreed to a contract with the benefit plan. If you choose a dentist on the list, you typically will pay less toward your dental care than if you choose a dentist not on the list. Some of these plans have "out of network benefits" which means you can see a dentist not on the list. Your financial responsibility may or may not be affected by seeing a dentist not on the list which is why it is extremely important that you make yourself familiar with your particular plan. If your dentist is not on the list this does not mean that something is wrong with the dentist or the office. Some plans require that the network dentist observe restriction to treatment. Many dentists are not comfortable with these restrictions as they relate to patient care.

With over 23,000 insurance plans covering over 110 million Americans today, it is important that you read your policy and coverage profile booklet carefully to maximize your individual benefits.

Ultimately, you are responsible for the entire cost of dental professional services regardless of your insurance benefit so know your plan benefits prior to your appointments.