

DENTAL INSURANCE BENEFIT INFORMATION

Dental benefit plans are designed to share the cost of dental care. Most plans typically cover between 40 and 80 percent of the total cost of the services provided for your child. If you do not understand your insurance claim, we may be able to help. The following is an explanation of terms to help clarify insurance benefits.

In-network / preferred provider: We are not a “preferred provider” for any insurance company. The term preferred provider means a dentist has contracted with an insurance company to provide its clients with dental care for a pre-negotiated fee. Since it is a contractual obligation between the dentist and the insurance company, the insurance company may assist (either directly or indirectly) in making health care choices for you. We are providing care to your child and so we are “contracted” with you. We will file your claims for the primary insurance company and request that you pay any difference, the day of service, of the costs not covered by your primary insurance company.

UCR: “Usual, customary, and reasonable” is a term insurance companies use to determine their reimbursement levels. There is no regulation requiring insurance companies to disclose how they determine their reimbursement levels or the manner in which they calculate their “UCR fees”. Thus, if your EOB (estimation of benefits) states the fee for services are above the UCR, this is not a reflection of average rates in our area. It is simply the reimbursement rate your plan has decided is reasonable for the company to pay. Each dental insurance company calculates their UCR differently, even though their customers are in the same region. Each insurance company offers different plans to different employers and even different plans to different employees within the same company. We see wide fluctuations in reimbursement levels due to these many choices. We are happy to assist in filing your primary insurance forms.

Annual Maximum: This is determined by your employer and insurance group. Together, they dictate how much they wish to pay for the dental plan they offer their employees. Although dental costs have increased over the years, annual maximum levels set by insurance companies have remained essentially the same since the late 1960’s.

Denied benefits: Dental insurance benefits are determined from a combination of employer input and insurance company policy. These decisions affect which procedures are covered by each plan. Although a procedure may not be covered by your plan, it still may be the best option for your child. For example, occasionally sealants are not a covered benefit even though they help prevent cavities and subsequently may keep your child from having a more invasive procedure later.

Our computer software may allow us to estimate the coverage your plan will provide for your child’s treatment. However, once the claim is processed pre-treatment estimates can change with little explanation from the insurance company.

Our goal is to help you raise your children cavity free and develop great smiles for them! We will make recommendations for you to prevent dental disease and provide high quality care for your child. We will work with you concerning our recommendations and strive to give you the best guidance in making choices for your child’s dental care. Thanks for placing your trust in our team!

