

Smilematters

PATIENT FACT SHEET

Understanding Your Dental Benefits

If you're like most people, you probably don't pay that much attention to your dental benefit plan. But it's important for you to read and understand your benefit plan, because the insurance benefit contract your employer has selected may affect the dental treatment options your insurance will pay for. Dental benefit plans are generally designed to share 50 to 80 percent of the overall cost of your dental care costs. Your plan may not cover the total cost of your bill.

How Your Dentist's Fees Are Determined

Your dentist bases his or her fees on the actual treatment performed and the time it took to complete, as well as a portion of the office overhead. Overhead includes the cost of having quality staff, state-of-the-art equipment, modern dental materials, current infection control procedures, and continuing education to ensure that the dental team is up-to-date on the latest techniques. It's important to remember that the fee charged by your dentist may not be the same as the maximum fee allowed by your dental insurance plan.

Who Determines Your Coverage

The amount covered by your insurance plan depends on the contract that your employer has set up with the insurance company. The higher the premium your employer pays, the less you will be expected to pay out of your own pocket. When you're looking at the description of your dental plan, check carefully to see which services will be fully covered by your insurance and which ones will require you to pay for part or all of the treatment. Plans may vary widely, even with the same insurance carrier, depending on the contract your employer chooses.

Plan Maximums

The insurance carrier may set fee limits — that is, the maximum they are willing to pay for a particular procedure. These fee limits may or may not reflect the actual costs of dental treatment. Insurance companies may use their own standards to determine the maximum fee they are willing to pay for any given procedure. If the plan's maximum fee limits are unrealistically low, you may end up paying a greater portion out-of-pocket.

Your dental benefits plan may also have annual and/

or lifetime maximums, depending on the contract chosen by your employer. Be sure you are aware of the maximum limits for your particular plan, as this will affect your out-of-pocket expenses.

Least Expensive Alternative Treatment

Your dental plan may limit the specific types of treatment it will pay for. While your dentist provides his or her recommendation based on the best type of dental treatment, your insurance company may pay for only the least expensive "alternative" treatment option. In this case you will have to choose between higher out-of-pocket expenses or alternative treatment that may not meet your specific dental needs.

Preferred Providers

Some insurance plans require that you obtain dental treatment only from a dentist who is a member of their network of preferred providers. If you choose to seek treatment from a dentist who is "out-of-network," your dental treatment may not be covered by your insurance plan. When switching dental plans, make sure your plan will allow you to keep seeing your own dentist.

Have More Questions?

Talk with your employer about the dental plan it offers. Often, this is the best place to get answers about your specific dental plan coverage. However, don't hesitate to talk with your dentist or dental office staff if you have questions or need help making a choice when it comes to your dental treatment and coverage options.

Your oral health is an essential part of your overall health and the members of the Michigan Dental Association encourage you to make decisions about your care based on facts and professional recommendations. Smile on!