Smilematters

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What You Need to Know About Your Dental Plan

Dental Plan Questions? Talk With Us!

It's getting to be the time of year again when your employer may offer you a choice of dental plans. If you are not really sure about what your dental plan covers and, more importantly, what it does not cover, you are not alone.

Rest assured that if you are confronted with dental plan options this fall, be sure to talk with me or a member of the dental team. We'll help you decide what's best for you and your family's oral health needs and what plan will allow you to maintain the positive doctor-patient relationship we have established.

While it's important for you to know the basics about your benefit plan, keep in mind, though, that only you and I should decide what treatment best meets your dental needs.

How are my dental fees determined?

You are charged a fee for the actual treatment performed and the time it takes to complete it, as well as a portion of the office overhead. My 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 your dental team is up-to-date on the latest techniques.

Are you curious about how your dental benefits are determined?

In a nutshell, your benefits depend on the contract 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.

Most insurance plans use what is called a "usual, customary and reasonable" (UCR) fee schedule to decide what portion of the dental treatment will be covered under the plan.

A UCR plan will pay either a set percentage of the dentist's fees, or its "reasonable" or "customary" fee limit - whichever is less. Because these limits are set by your employer's contract with the insurance company, they may or may not reflect the actual costs of dental care in your area. If a plan's "customary" fee limits are unrealistically low, you will end up paying a larger portion of the treatment costs.

It is important to know that the insurance company can set limits on the amount paid for any dental procedure. For example, if the plan pays at the 80 percent level, that means 80 percent of the UCR fee as determined by the insurance company, not the actual fee charged by the dentist.

Unfortunately, there are no standards for determining UCR fees, which are set by the plan administrator. What you pay depends entirely on the benefits your employer has set up with the plan administrator.

What should I do if I get a letter from my insurance company?

If you get a letter from your insurance company stating that my fees are above its UCR rate, please talk to me. Your insurance company might have out-of-date information, or might not have considered local factors when it set its fee schedule.

Talk to Me — Your Michigan Dental Association dentist

If you have questions about your dental plan, or if you need to make a choice about your family's dental care, be sure to talk with me or a member of the dental team. Discuss your treatment options with me, so that together we can make decisions about what is right for you and your family based upon professional recommendations, rather than an insurance company's policy. We'll help you make the right decision so you can "Smile On."

