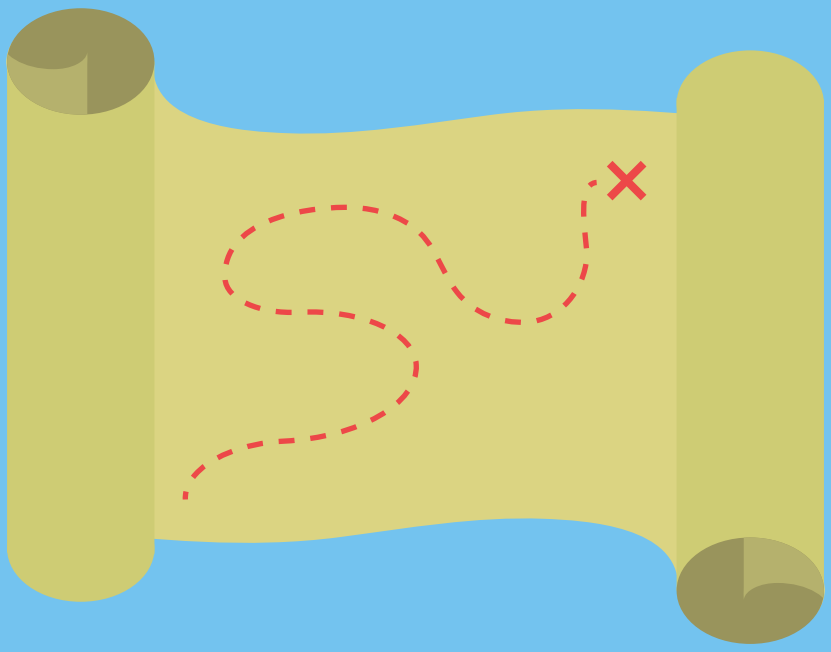


Navigating YOUR Dental Insurance to Optimize YOUR Oral Health

A GUIDE

NORTH ORANGE
Family Dentistry

Inside the Guide

Uncovering the Mystery of Dental Insurance

It's no secret that navigating the maze of your insurance benefits is one of the biggest headaches in all of healthcare. Just thinking about dealing with your insurance company may provoke a strong urge to curl into the fetal position. We can relate. We always try to educate our patients on their dental insurance to help them understand the ins and outs of dental insurance and empower them to make educated decisions . Our goal is always to minimize stress and maximize your benefits.

This guide focuses specifically on dental insurance benefits, helping you understand your insurance company, how your employer plays into that, coverages, and everything that coverage entails. We hope that this information will act as a map to dental insurance enlightenment, all while saving you time and preventing premature hair loss (sorry, not guaranteed).

DMO vs. PPO Insurance: Learning the Difference

Nowadays we are seeing employers offer a choice between two main types of dental insurance: DMO (Dental Maintenance Organization) and PPO (Preferred Provider Organization) insurance policies. DMO policies are typically cheaper than PPO policies, and there is a reason for that. We'll explain the key differences between the two policies.

The Main Difference: Choice

DMO

In a DMO insurance model, you're assigned to **a single dental provider** or given a **very limited network** of participating providers to choose from.

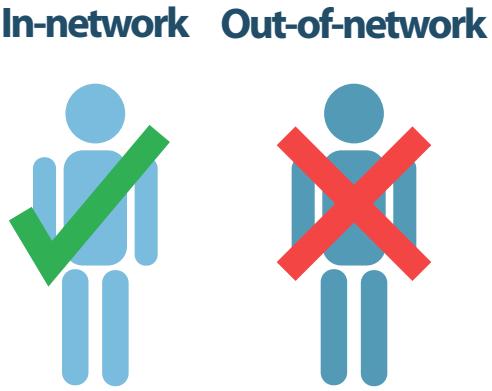
PPO

In a PPO insurance model, there is a **wide-cast network** of providers that you can choose from.

Again, in a PPO plan you can choose your provider, whereas in a DMO plan you are assigned a provider. Your employer typically assigns you a provider that participates in the DMO plan based on your geographic location. The reason that there is a limited selection of offices is that there are typically fewer dentists that choose to participate in DMO plans. Due to this, you will often be assigned to a clinic-type office with a DMO plan.

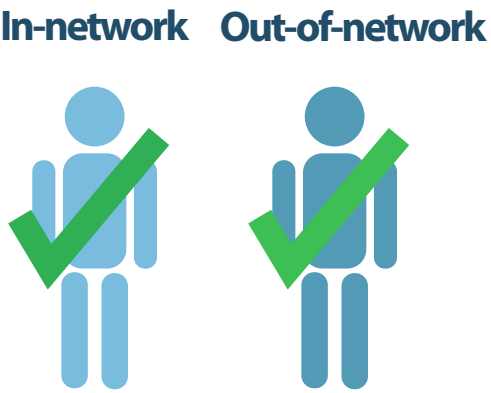
Who Has You Covered?

DMO



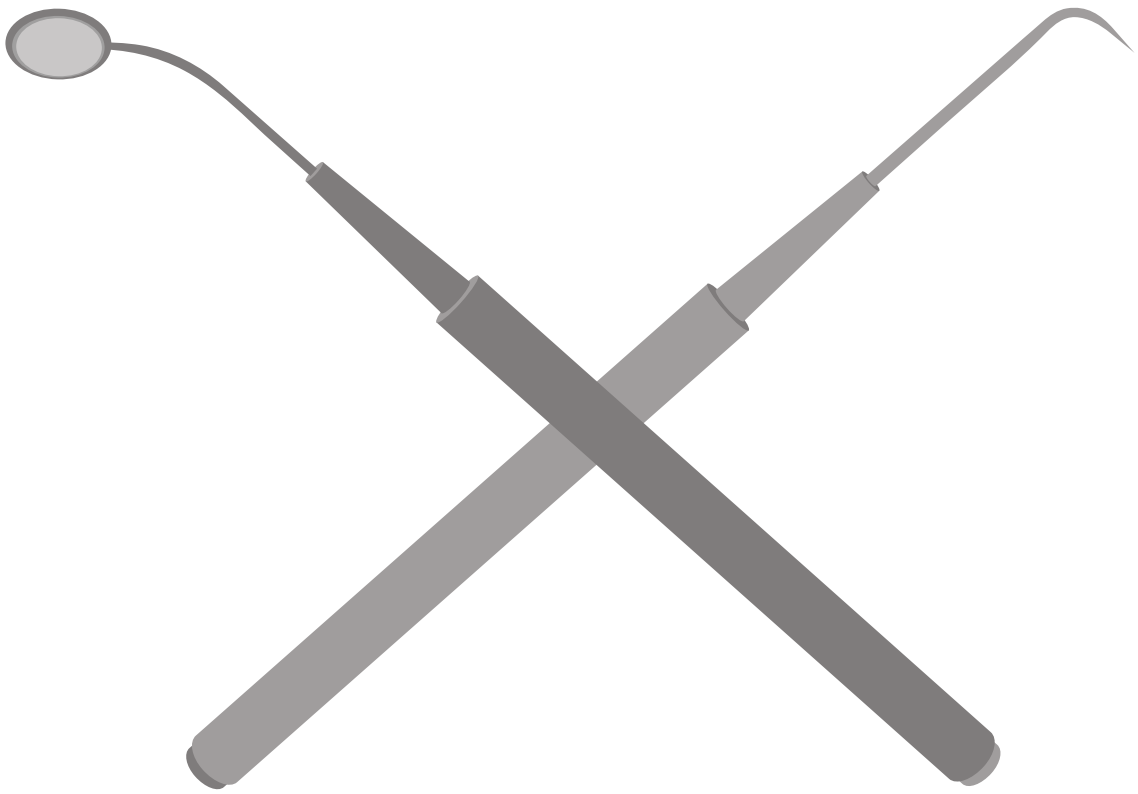
With a DMO plan, your insurance will only cover procedures at the office to which you're assigned. If for some reason you needed to be seen at another office (maybe a specialist such as an oral surgeon), you would essentially be paying out-of-pocket for that treatment.

PPO



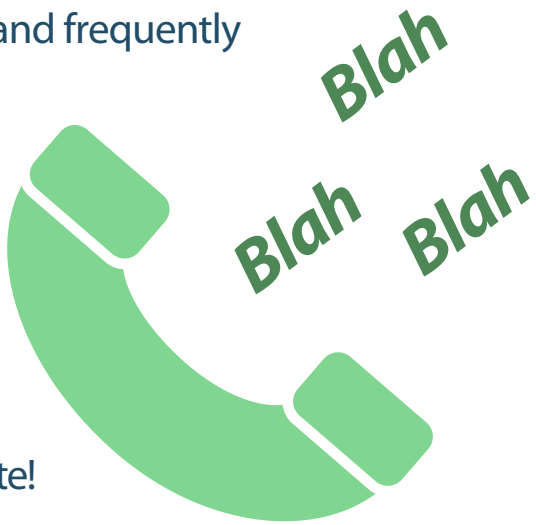
PPO plans come with a wide network of general dentists and specialists where you can receive coverage with an in-network provider, but you also have coverage if you want to go out of network.

As you can see, there really aren't any out-of-network benefits with a DMO plan. In contrast, with a PPO plan, your insurance will still pay if you choose to go with an out-of-network provider. Granted, you'll save money seeing an in-network provider because there will be discounts on the fees thanks to the contract between your provider and your insurance company (negotiated between your employer and the insurance company), but it still gives you the freedom of choice while still providing coverage.



It's All Teeth to Me: Deciphering Insurance Terminology

Now that you know the difference between a DMO and PPO insurance policy, we're going to dive into some of the often-used and frequently confusing nomenclature of dental insurance. When speaking on the phone with your insurance company, it might sometimes feel like they are speaking another language. Luckily we speak Insurancese, so allow us to translate!



Plan Year Maximums

Every dental insurance has a maximum amount that the policy will pay during the benefit period. For most insurance companies , the policy is based on the calendar year (January 1st through December 31st), while some are based on a fiscal year. Within that year, most plans have a $1,000 - $2,000 annual max that your insurance company will pay.

For the most part, any preventative treatment that you have done throughout the year will count toward your plan year maximum.

For example, insurance will typically cover cleanings, exams and x-rays at 100%, but that cost comes out of your maximum. So there would be no out-of-pocket expense for your first cleaning and exam of the year because it is covered by that maximum. Now let's say that it's the end of the year, and you've had other treatment done (maybe a crown, or maybe you saw a specialist for a root canal or an extraction) that brought you to your maximum for the year. Since you've used up your benefits, if you have a second cleaning and exam done (which were covered earlier in the year) after that maximum was reached, then there ends up being an out-of-pocket expense.

$1,000 (your plan year maximum) **- $75** (1st cleaning & exam) **- $915** (build-up & crown) **= $0** (your remaining benefits for the year)

$0 (your remaining benefits) **- $75** (2nd cleaning & exam) **= $75 out-of-pocket**

As a courtesy to our patients, we try to be very clear about those limits and update them as the year goes on to ensure that this doesn't happen, but ultimately it's **your** insurance, so it is **your** responsibility to keep track of **your** benefits.

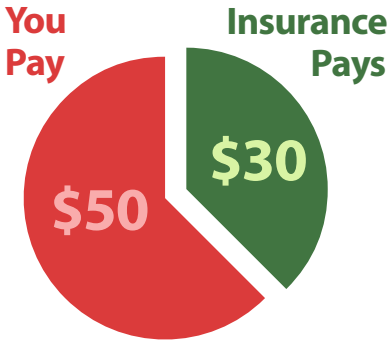
Deductibles

Another common term with dental insurance is a **deductible**. A deductible is the amount that you pay out of pocket before your insurance policy will pay anything. For the majority of dental insurances, deductibles range from $25 to $50, but can be up to $200. That means if you're having a procedure done, even if it is covered at 100%, your insurance company may make you pay your deductible before they pay anything.

Here's an example: Your child is having four sealants placed. Sealants are a preventative treatment that are sometimes subject to a deductible. For easy math, let's say they're $20 apiece before insurance would pay anything ($80 total) and your deductible is $50. Those sealants are subject to that deductible. So even though sealants are covered at 100%, your insurance company won't pay $80. You'll pay $50, then your insurance will pay the remaining $30.

Cost of Sealants  **x 4 = $80**

Your Deductible  **= $50**



However, if there's anything else that you need done that's subject to that deductible, it has already been met for the entire year. You only have to pay your deductible once per policy year. Hooray!

Co-insurance

Co-insurance is a term that applies to treatment not covered at 100%. A good example of this would be a filling. The majority of insurances will cover fillings under **basic services** at 80% coverage, but some may only cover at 50%. To make things simple, we'll say a filling costs $100. Your insurance company will pay $80 and the **co-insurance**, or the part that you're responsible to pay as a member, would be $20 (20%) for that particular service.

Co-insurance applies to a wide range of procedures and again, basic services such as fillings are covered at 80% by the majority of insurances. Most **periodontal services** (treatments for gum disease) are also covered at 80% by the majority of insurances. **Preventative services** like cleanings, fluoride, and sealants are typically covered at 100%, meaning your co-insurance would be zero. Of course, coverage varies among insurance companies and our staff does an amazing job of helping our patients keep track of all that.

The other category is **major services**. These include treatments such as crowns, bridges, dentures (partial or full), implants and similar procedures. The majority of insurances cover those at 50%, which will leave the co-insurance at 50%. So you pay half, and your insurance pays half.

Waiting Periods

Another term that often comes up with dental insurance is the term **waiting periods**. Whether you're signing up for an insurance policy individually or through your employer, it is important to be cognizant that the policy may come with a waiting period. What this means is that your insurance company can say that you have to wait a set amount of time before they'll cover certain procedures. The most common waiting period would be six or 12 months for treatment in the major services category, such as a crown or bridge.

Getting the Most Out of Your Insurance Benefits

As the subscriber, you, through your employer, pay for your insurance. Sometimes employers pay part of it; sometimes the employee pays all of it. Either way, it's your insurance policy. Nobody wants to waste their insurance benefits, but sometimes getting the **best bang for your buck** is challenging. At our practice, we do our best to educate our patients, and make sure you're getting the most out of your policy. After all, you're paying for it!

It Pays to Pay Attention

When we talk about optimizing your benefits, one way is to pay attention to when your plan year starts and ends. What does that mean? Say it's November and there are a few services, like a root canal and crown, that you need completed before the end of the year. One of the more popular ways to maximize your benefits is to have the root canal done at the end of the year and the crown done at the beginning of next year. You take advantage of your benefits by having

part of your treatment done in the previous policy year and part of it in the new policy year. On the opposite end, if you have a large portion of your benefits remaining, it makes sense to get all of the treatment done before the end of the policy year to ensure that you use the benefits that you are paying for. Otherwise, you're leaving money on the table. This way, the next policy year you will have fresh benefits to utilize, should you need treatment. As you can see, there are various tricks that you can use to get the most out of the policy that you're paying for.

Englightenment Achieved!

So that's it! Those are the basics of dental insurance. We hope that this guide has turned you into a dental insurance guru. Of course, this doesn't cover every detail of dental insurance. That would require a much larger guide, and would bore you to death. Fortunately, we always try to help educate you, both through vehicles like this guide, and in the office to double-check your benefits and give you that information throughout the year. At the end of the day, you pay for your dental insurance annually, and it's your responsibility. With our help and with the information in this guide, understanding and managing your insurance should feel like less of a daunting task. Now go out there and put what you've learned to work for the betterment of your oral health!