

EVERYTHING YOU'VE WANTED TO KNOW
ABOUT DENTAL INSURANCE
But Were Afraid To Ask!

Dental insurance is different from medical insurance in many ways. Many times, dental insurance has limitations, such as waiting periods, frequency limitations, maximum benefit limitations and other service exclusions, unlike medical insurance which typically does not. Dental insurance did not become readily available until the late 1960's. In fact, dental insurance isn't really "insurance" (a payment to cover the cost of a loss) at all, it is a "money benefit" typically provided by an employer to help their employees pay for routine dental treatment. 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. When dental insurance was created in the 1960's, the average yearly maximum per person was \$1000.00. Currently, the average yearly maximum per person is \$1000.00. If dental benefits would keep up with inflation, such as they have with medical insurance, they would amount to over \$10,000.00 per person per annual year! Your dental health is just as important as your medical health. A \$1000.00 yearly maximum on your medical insurance would not pay for a broken arm or open- heart surgery, right? It is our goal, as dental professionals, to help you understand and fully utilize this benefit while achieving optimal dental health.

Understanding your dental benefits is not always easy. Dental insurance plans vary from employer to employer and may change from year to year. Whether your plan covers a major portion of your dental expenses or only a small amount, dental insurance can be of great assistance in completing your dental treatment. It is unfortunate to allow limitations set by dental insurance companies to be a determining factor when you are considering your dental treatment and care.

It is important to know that if you do not use your dental benefits each year, they will be lost. They do not carry over from year to year. Preventative dental care is essential to your overall systemic health.

WHAT IS "USUAL AND CUSTOMARY" or "ALLOWABLE AMOUNT"?

"Usual and Customary" and/or "Allowable Amount" are terms that insurance companies use to describe the dollar amount that they have negotiated with your employer to be the "allowed" payment towards your treatment. This amount is usually always less or even much less than what any dentist in your area may charge. From this "allowed" amount, they then will pay the negotiated percentage for each procedure according to the contract your employer has set up with your insurance company. This does not mean that your dentist is charging too much for the procedure. For example:

<u>FEE</u>	<u>U/C or Allowable Amount</u>	<u>%</u>	<u>INS. Pmt</u>	<u>YOUR CO-PAY</u>
\$100.00	\$90.00	80%	72.00	28.00
	\$90 X 80% = \$72		\$100 - \$72 = \$28	

WHAT IS A DEDUCTIBLE?

The “deductible” is a pre-determined dollar amount that your employer has negotiated with your insurance company. It does not usually apply to preventive dental care such as periodontal maintenance, oral cancer exams and routine x-rays. However, each plan is specific. Deductibles do apply to all restorative dental treatment and oral surgery. This amount is in addition to your co-pay and is usually a one-time yearly payment. Deductible requirements differ from company to company. It is always best to call your dental carrier and ask what your requirements are. The following is an example of how a dental deductible may be calculated.

<u>FEE</u>	<u>U/C</u>	<u>DEDUCTIBLE</u>	<u>%</u>	<u>INS Pmt</u>	<u>YOUR CO-PAY</u>
\$1000.00	\$890.00	\$50.00	50%	\$420.00	\$580.00
		$\$890 - \$50 = \$840$	$\times 50\% = \$420$		$\$1000 - \$420 = \$580$

IS IT REQUIRED THAT MY DENTAL TREATMENT BE “PRE-APPROVED”?

No. Your dental insurance can suggest a pre-determination; however, they cannot delay treatment and require a pre-approval. Our office is happy work with you and your insurance company to give you the best estimate possible so that you may make an informed decision regarding your dental care. Please understand that we are unable to guarantee the amount your dental insurance company will pay towards your dental treatment. Insurance company policies often change without notice regarding maximum benefits, usual and customary allowances, deductibles and plan limitations. Dental insurance can be very helpful, however, please know that if your dental insurance does not pay as much as you anticipated, you are ultimately responsible for fees that are incurred. Even with a pre-approval, exact payment cannot be determined until a claim is processed. This can sometimes be worrisome. That is why we offer many different financial options to our patients so that dental care is not only comfortable, but also affordable.

WHAT ARE MY PAYMENT OPTIONS IF MY DENTAL TREATMENT EXCEEDS THE AMOUNT THAT MY DENTAL INSURANCE WILL PAY?

Here at Dr. Brawka’s Office, we are proud to offer the following payment options. In addition to filing your dental claims, electronically, and at no charge, we will help you to choose the plan that best meets your needs.

1. Deferred Interest Financing available 6 or 12 months through Care Credit for balances over \$600. CareCredit also offers low interest financing for extended terms.

2. We accept Visa, Mastercard, Discover.
3. We accept checks, health savings, flex-spending, debit cards and cash.

Our administrative staff specializes in working with you and your dental insurance, so you may fully benefit from your insurance each year. We are pleased and honored that you have chosen our office to care for your dental health. We promise to do everything we can to help you understand and fully benefit from your dental insurance.

Your Dental Family at Dr. Diana Brawka and Dr. Gina Jacobsen's Office