

Insurance Facts

Dental insurance plays a large role in helping our patients receive the dental treatment that they need. However, it can be very confusing. Below are some facts that may help you to better understand your benefits or dental insurance in general.

FACT #1

You may receive a letter from your insurance company stating that our fees are higher than what is “usual and customary.” They report this to you based on a survey they perform which calculates the average fee of the geographic area you are in and then takes 90% and calls it “usual and customary.” Since these fees are averages there may be clinics that have higher or lower fees

FACT #2

Dental insurance is only meant to help you with your dental costs, NOT pay all of your fees.

FACT #3

There are several routine dental services that are not covered by some insurance plans. Please be sure you understand exactly what is and what is not covered under your policy.

FACT #4

Many insurance plans will tell the insured that they will be covered “at 80%” or “at 100%” but do not clearly explain what that means exactly. The plan has a fee schedule allowance and whatever percentage is quoted is only a portion of that allowance. Most plans cover between 35-65% of services based on the plan’s maximum fee allowance.

FACT #5

The amount that your plan pays is determined by the particular plan purchased by your employer. Generally, the less the plan costs your employer, the less you will receive in benefits.

FACT #6

Our relationship is with you, not your dental insurance carrier. Our doctors make recommendations based on their findings and encourage you not to dictate treatment based on what your insurance will cover. If something needs to be done, our doctors will be open and honest with you. As well, if something does not need to be done, it will not be.

FACT #7

Please be advised that if you have two insurances it does not necessarily mean that your fees/services will be covered 100%. Many insurances have a “**non-duplication**” clause which means that the secondary will not pay more than the primary if they both have the

same allowed amount. Please contact your insurance company if you have questions about dual coverage.

We will file your dental claim as a courtesy to you, however all charges not covered are ultimately your responsibility.

Please feel free to ask a question if you have one regarding services or fees. We will do all that we can to help you receive the maximum benefits from your insurance. However, if you have questions regarding specific procedures covered by your plan, or your benefits, we suggest you contact your company's benefit manager directly.