

What Is A Dental Benefit Plan & How Does It Work? (Many people refer to this as dental insurance)

A dental benefit plan is a highly complex area that creates confusion for many dental patients. The complexities of a dental benefit plan and the lack of sufficient information provided by some insurance companies make it almost impossible for some patients to properly understand their employer provided benefits. Even more confusing is understanding how to properly work with your dental benefit plan to achieve the highest level of benefits to which you are entitled. A dental benefit plan is never intended to cover all your dental needs. The plan is intended to assist you in paying for your treatment.

What Is A Dental Benefit Plan?

A dental benefit plan is a contract between your employer and an insurance company. The benefits that you will receive are based on the terms of a contract that were negotiated between your employer and the insurance company and **not** your dental office. The goal of most dental benefit plan policies is to provide only basic care for specific dental services. The services selected are based on the cost of the policy to your employer and the negotiated arrangements with the insurance company.

The benefits that you receive from your benefit plan for your current insurance plan have nothing at all to do with your achieving a high quality complete result. Because the benefits you currently have are decided between your employer and the insurance company, many services are not covered. The selection of non-covered services is not based on what you need or want, but is strictly based on the contract with the insurance company. This is why so many dental patients become confused about dental insurance. Insurance companies rarely cover 100% of any dental fee and, in many cases, cover less than 50% or nothing at all.

Covered & Non-Covered Services

Unfortunately, some of the services that you may need or want will not be covered by your benefit plan. **Our goal is to help you achieve and maintain optimal dental care**, which is not necessarily the goal of your dental insurance company. The goal of the insurance company is to provide only the negotiated benefits for the specifically selected services. The reimbursement mechanism from your insurance company is merely a mathematical formula as to which benefits you will receive and the percentage of the dentist office's fee that will be paid. **We do not want to compromise your care based on restraints placed by your insurance company.**

Another fact that most dental patients do not realize is that each benefit plan has a dollar amount limitation each year. Once this limit is reached, no other services will be covered by your insurance company regardless how essential the service may be to your dental health,

How Our Office Helps

Our office will assist you in understanding your dental benefits. As we work with hundreds of insurance companies and employer plans, it is impossible for us to know all the specifics of your plan. It is in your best interest to read your plan benefits booklet and to become familiar with your specific plan, understanding its benefits and limitations. We realize that a dental benefit plan is complex and that it is extremely difficult to understand how to make it work. Our office will complete and submit insurance forms to achieve maximum reimbursement to which you are entitled and will work diligently to make this happen as quickly as possible. Please be aware that some insurance companies take longer than others to complete payments. If necessary, our office may contact the insurance company, or we may request your help in this matter.

Predetermination Policies

Many insurance companies will provide a written estimate of dental benefits for costly and complex procedures upon request. Our office will do everything possible to help you maximize the benefits to which you are entitled. In most cases, we can begin treatment prior to receiving an authorization from the insurance company; however, patients need to understand that in the event the insurance company refuses to pay for treatment, **you are responsible for all fees**. We can provide you with the expected fees in advance so that you know the expected cost of the treatment.

Elective Treatment

Some services are typically not covered by dental benefit plans. These may include cosmetic dentistry, implants, occlusion or bite redesign, and other services. Although these are important services that can greatly enhance the quality of life for our patients, insurance companies do not feel that they should have to pay for these services. That is why these services are rarely included in contracts with your employer.