



FACTS ABOUT INSURANCE

- Most dental insurance plans are a business arrangement between an insurance company and an employer. It is important to remember that reimbursement and benefit levels are based on carrier and employer business decisions, and not on an individual's need for treatment.
- Dental plans are set up to pay only a portion of your dental health expenses. Dental plan maximum benefits average \$1,000 to \$1,500 per year. These amounts have not changed since the 1980's, while the cost of living has increased dramatically in comparison.
- Most dental plans exclude coverage for cosmetic treatments, such as teeth whitening or veneers. Many have age or frequency limitations, such as for fluoride treatments or dental sealants.
- Like medical insurance, some dental plans do not offer coverage for pre-existing conditions, such as missing teeth. This type of plan would not cover prosthetic tooth replacement procedures, such as bridges, partial dentures, full dentures or dental implants. Most dental plans also have waiting periods for replacement of defective restorations or appliances.
- Many insurance plans will apply "alternate benefits" towards a service, such as paying for silver fillings rather than tooth-colored fillings, or, not covering major restorative services, such as a laboratory-fabricated crowns, inlays or onlays, and paying for regular fillings instead.
- Some dental plans may use the terms "usual, customary and reasonable" (UCR) to determine insurance benefits. This term applies to fee research methods used by dental insurance carriers to set reimbursement levels across the country. The criteria upon which this research is based; such as region, time intervals, type of dentist, etc. can vary greatly from one insurance carrier to another.

Our Commitment is to Your Health, regardless of insurance status.

Facts About Insurance is for general use and information for our patients. It is not intended to be a guarantee of coverage or acceptance of insurance plans in our office.

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