



What to look for in a dental insurance plan:

1) **"It's all about the math!!"** No matter which insurance plan you are looking into, make sure you are receiving a good benefit for what you are paying for. **Dental insurance is considered a benefit or 'dental coupon' that doesn't 'insure' you coverage, merely assistance in paying for dental care. It is usually offered as a supplement to your medical insurance.**

- a) *Example 1:* If you pay \$50/month for insurance and you get \$1000 maximum benefit for the year: Your dental coupon was purchased at \$600 for \$1000 worth of benefit for the year. If you use the entire \$1000 in benefit, this is a deal! If you did not use the \$1000, you still paid \$600 for the year.
- b) *Example 2:* If you only typically use your dental insurance for cleanings, after the math, you may be further ahead paying out-of-pocket than paying for an insurance plan every month. You put \$50 aside each month **OR** pay our office \$50/month and then utilize that 'credit' to pay for your cleanings out of pocket **OR** sign up for our Benefit Program which gives you these services at a discounted rate!
- c) *Example 3:* If you are looking at a dental insurance plan with the knowledge that you will need work completed within the year, please keep reading for more helpful information when shopping for a plan.

2) Usual and customary benchmarks to look for in a dental plan:

- a) **In-network VS Out-of-network:** Make sure the insurance company allows you to see a provider of your own choosing (aka **"out-of-network"**). Most do, but better to check.
 - i) We are "in-network" with Delta Dental and are a Premier provider, but we accept almost ALL insurance companies. (The exception being any state-issued insurance - examples included Title 19, Children's Community, BadgerCare, or Medicaid.)
 - ii) Additionally, if you have a Delta Dental PPO plan please ask if you can see a Premier provider.
- b) **Maximum yearly benefit amount** - \$1000-2000 is a normal range
- c) **Deductible** - \$25-100 is a normal range
- d) **Frequency** of cleanings - 2 per year or every 6 months, sometimes up to 4 per year!
- e) **Any waiting periods?**
- f) **Look at your coverage:** Usual and customary percentages paid by insurance for the allowed amount dictated by your plan contract. These are normal ranges:
 - i) Prophyl/Exam/X-rays: 80-100%
 - ii) Restorative/Basic procedures: 60-80%
 - iii) Crown & Bridge/Root canal/Perio: 50-60%
 - iv) Surgery/Implants: 50%
 - v) Extras that are nice: Guards, TMJ, Ortho, Fluoride/Sealants >age 18
- g) **Remember: Pay attention to what you are paying in premiums in relation to what they are offering for benefits.**

3) **For Medicare**

- a) The dental benefit INCLUDED with your Medicare plan (Part A, B) is not dental insurance. It ONLY covers catastrophic or emergent events, not preventative or restorative dentistry.
- b) You must pay for the dental rider ('Part C') or enroll in a supplemental dental plan to get normal dental coverage.
- c) If you are looking at the Medicare Advantage network: make sure you can see a provider OUTSIDE of the Medicare Advantage network and that the coverage is the same out-of-network.

In Summary: If you qualify for Medicare; you must either:

1. Add a dental rider that allows you to see an out-of-network provider

OR

2. Take out a supplemental dental plan through an independent individual / self plan, like Delta Dental, Aetna, United Healthcare, etc. (separate from Medicare)

OR

3. Sign up for our **Benefits Program**. Ask us for a brochure if interested!

4) **We do NOT accept any dental discount plans.**

Those plans only allow you to see specific providers that they approve. It will also say somewhere on the card, "This is not insurance."

HINT: If unsure, search for **Harris** in the "Search for a Dentist / Provider" or "Find a Dentist" (etc) field. If her name does not appear, we do not participate in that discount plan.

Questions? Ask us! We are here to help.

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