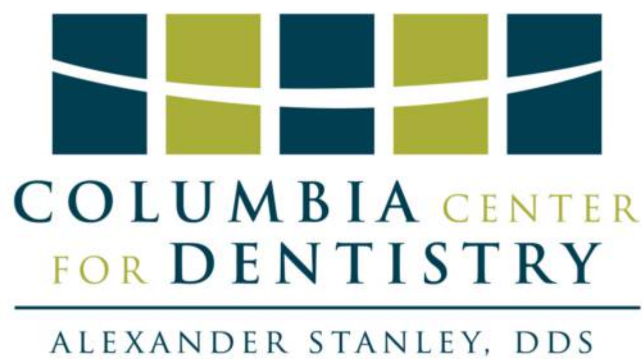

WHAT YOU SHOULD KNOW ABOUT DENTAL INSURANCE…

Dental insurance can be a nice benefit. It is designed to defray a portion of the cost of necessary dental treatment, making it more of a benefit plan than true insurance. Your benefit plan will have a yearly deductible, a breakdown of coverage limitations and exclusions, a yearly reimbursement cap, exclusions, and restrictions.

Dental benefit plans were first constructed mostly in the 1970's and have changed very little since then. The typical maximum annual benefit available nearly fifty years ago was $1000. All these years later, even with increased insurance premiums, coverage amounts have remained basically the same. Based on inflation, dental plans today should be allowing around $5000 in benefits! So, why don't they?

We encourage you to become familiar with your own dental benefit plan. The following is information worth noting:

- Your dental plan has benefits negotiated in a contract between you/your employer and the insurance company. We do not have access to all the information pertaining to your particular plan.
- Your plan has a limited reimbursement amount for services.
- Your plan has a deductible, or an amount you are required to pay before benefits are available.
- Your plan may have a restricted fee allowance. This information is not always public knowledge, is different with each plan even within the same company, and will affect your reimbursement.
- Your plan will pay a percentage of your services based on the contract arranged between you/your employer and the policy administrator. "Percentage" coverage is based on fees negotiated with your employer and/or benefit plan provider.
- There are four categories affecting coverage for dental services:
  1. Category I – Preventive – Generally includes basic cleanings, most x-rays, routine examinations, and possibly dental sealants.
  2. Category II – Basic – Usually allows some benefit for fillings, root canals, gum disease therapy, and extractions. However, some plans may classify any of these services as major.
  3. Category III – Major – Typically provides only limited benefits for crowns, bridges, and dentures.
  4. Category IV – Other – May cover some costs for Invisalign, braces, and appliances along with other miscellaneous services.
- Your plan may require that some services be "pre-authorized" which does not mean guaranteed coverage. It is your responsibility to request a pre-authorization of services if it is required.
- Your plan may have exclusions (such as a Missing Tooth Clause).
- Your plan may have a waiting period for some procedures.
- Your plan may have a restricted provider list.
- Your dental insurance company may and can deny your benefits for any reason.
- Your plan will have limits and exclusions that are unique to your contract. Please read the fine print.

It is your responsibility to know your dental insurance contract agreement. We do not work for, nor are we representatives of, any insurance company. Estimation of benefits based on information provided by your plan administrator are not guaranteed by your insurance policy carrier or Columbia Center For Dentistry. Any disputes are strictly between you and your insurance company. As a courtesy, we will submit your primary insurance claim for you. We do not file secondary insurance.