UNDERSTANDING YOUR DENTAL INSURANCE

Omni Dental Group knows that dental insurance is complicated. Some plans pay part of your costs; some only negotiate a discount. Most patients only want to know how much dental care will cost and what portion they have to pay.

Omni Dental’s business is to provide you the best dental care possible. Our dentists are here to do dentistry. They are not in the insurance business. However, they accept the risk of taking your insurance as a courtesy to help you. Omni Dental Group cannot be responsible for benefits limitations, gaps in coverage, nonpayment by the insurance company or other matters which result in cost to you. Those details are entirely between you and your insurance company. Your dental insurance policy is a contract between you and the insurance company; therefore, you are responsible for the benefits, limits, and omissions of that insurance contract.

THE DIFFERENCE BETWEEN MEDICAL & DENTAL INSURANCE

Many people believe medical and dental insurance are similar, but, in fact, they are nearly opposite. Simply put, medical insurance covers procedures for the whole body and the benefit amounts can be in the millions of dollars. Dental insurance only covers the oral cavity. Dental insurance benefits generally do not exceed $3,000 per year.

Your dental insurance is like a “coupon” you receive as part of the contract between your insurance and yourself (if self-insured) or your employer. Your “coupon” may be for a PPO plan which provides for your insurance company to pay a portion of your charges, or a managed care plan which negotiates reduced fees with the dentist and does not pay any portion of your charges. [see “What is the Difference between a PPO and a Managed Care Plan?”]

There may be conditions in which your “coupon” only pays for certain services. This is a condition applied by the insurance company, not your dentist. When your “coupon” does not pay for a service, the fee will be your responsibility.

- Coverage, maximum benefits, deductibles, co-pays, and benefit limitations are determined by each insurance company and filed with the Department of Insurance, NOT your dentist.
- Your dentist has no control or influence on how much dental insurance pays or what procedures are covered.
- No dental insurance guarantees payment. Having insurance does not mean the insurance will pay.

Patients often ask ‘why doesn’t my dental insurance cover this like my medical insurance does?’

Most medical procedures are paid by the insurance, but most dental procedures are paid by the patient. This is due mostly to the benefit maximums. Medical insurance may provide for millions of dollars in benefits. PPO dental insurance only provides a few thousand dollars (possibly less), and any charges over the maximum are paid by the patient. Patients on managed dental plans pay all fees out-of-pocket because managed care insurance provides the buying power of the insurance company to get negotiated fees. Without a managed care plan you would pay closer to three times the negotiated fees.

WHAT IS THE DIFFERENCE BETWEEN A PPO AND A MANAGED CARE PLAN?

A PPO, annuity, or indemnity insurance (also known as fileable, bundled plans) pays a percentage of your dental costs. You will pay deductibles, co-pays, and costs of procedures not covered by your plan. You will also pay for costs over your maximum benefits at the usual and customary fees.

DHMO, DMO, discount dental plans, also known as managed care plans, do not file claims. When you pay your premium for these plans, you are paying for access to fees negotiated on your behalf by the insurance company. Without these plans you would pay the usual and customary fees of the dentist; fees that are easily two to three times the discounted fees. Managed care plans are also considered unbundled plans, that means your dentist will charge for all procedures associated with a procedure.

For example, when you have a PPO plan and need a crown, a crown and buildup will be charged. You pay your copay and the insurance pays their portion. With a managed care plan, you will be charged for the crown, buildup, and associated procedures such as an antimicrobial agent and/or a temporary crown. On the managed care plan, you pay the charges entirely out-of-pocket. In either case, the total fee for the crown will be approximately equal on a PPO or a managed care plan.

NOTE: The fees you are provided in member booklets or on an insurance company website are the fees for the services of a GENERAL DENTIST. Fees for a SPECIALIST will be considerably different from. (See also “What is the Difference Between Seeing a General Dentist and a Specialist?”)
COMMON PROCEDURES THAT ARE NOT COVERED BY INSURANCE

There are procedures that are not covered by insurance but are frequently needed by a patient:
- Inlay or onlays
- Occlusal guards [also known as night guards]
- Implants
- Procedures done for cosmetic reasons (for example, veneers)
- Bleaching

YOUR DENTIST WILL NOT TREATMENT PLAN BASED ON WHAT THE INSURANCE WILL OR WILL NOT PAY.

ALTERNATE BENEFIT AND OTHER CLAUSES

Alternate Benefit and other clauses cause gaps in your coverage or non-payment by the insurance. For example, a clause in your plan says your insurance will only pay the cost of an amalgam filling, not the higher composite filling. You will pay the cost difference between the composite filling and the amalgam filling.

WHAT IS THE DIFFERENCE BETWEEN SEEING A GENERAL DENTIST AND A SPECIALIST?

A General Dentist is licensed to do all aspects of dentistry. A Specialist has received specialized training after graduating as a General Dentist. Some examples of a Specialist are:
- ENDODONTIST – (from Latin for “inside teeth”) specializes in root canal therapy. A root canal is indicated when the nerve has been exposed due to decay, trauma, or other factors. The Endodontist removes the nerve(s).
- PERIODONTIST -- (from Latin “surrounding teeth”) specializes in gum related treatments including specialized hygiene treatments, gum surgeries, and implants.
- ORAL SURGEON –specializes in surgeries on teeth and jaws. Most frequently, they extract wisdom teeth, teeth for orthodontic reasons, and teeth in preparation for a bridge, implant, or other dental procedure.

There are usually two separate costs when seeing a Specialist: (1) consultation and (2) treatment. Additionally, the fees for a specialist may be higher than those of a General Dentist.

WHAT HAPPENS IF MY INSURANCE BENEFITS CANNOT BE VERIFIED?

Utmost effort will be made to notify you of any such circumstances prior to your appointment. If you have a fileable insurance and it cannot be verified prior to your appointment, you will be responsible for all charges of the appointment. You will be given a receipt for reimbursement from your carrier.

If it is a managed care plan, you should contact your insurance company Customer Service to ensure they have all the correct information and the company can assign you to the dentist’s office.

WHAT HAPPENS IF OMNI DENTAL GROUP DOESN’T ACCEPT MY INSURANCE?

If we do not have an agreement with a fileable insurance company, you will pay for your dental treatment at the time of service. We will provide you with a receipt with all the necessary information for you to file a claim. We do not provide the claim forms. Your insurance company should send the benefit payment directly to you.

If it is a managed care plan, you should contact your insurance company Customer Service for an in-network provider.

WHAT HAPPENS WHEN THERE IS A BALANCE AFTER MY INSURANCE PAYS?

- You will be responsible to pay any balances after your insurance pays. You will be notified by statement.
- Balances cannot and will not be written off the account.
- Finance charges will be added to outstanding balances over 30 days.
- Unpaid balances over 90 days will be sent to collections.
- Cost of collections will be added to accounts sent to collections.

I have read this information and been given the opportunity to ask questions. Any questions have been answered and I understand the nature of my insurance.

Signed: Patient or Legal Representative

Signed: Witness to Signature

Date: Time: