



CONTEMPORARY DENTISTRY

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 benefit plan 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. Annual maximum benefits are not typically adjusted to inflation: plan maximum allowances average \$1,000 - \$1,500 per year and are essentially the same as they were twenty years ago (although the cost of living has increased dramatically during this period.)
- Many dental plans exclude coverage for certain treatments. It is unusual for dental insurance to pay for cosmetic dentistry, such as porcelain veneers; and as a rule, insurance does not cover teeth whitening.
- Like medical insurance, some dental plans do not offer coverage for pre-existing conditions, such as missing teeth. This type of dental plan would not cover tooth replacement services, such as dental implants, bridges, or dentures.
- Many insurance plans will apply "alternate benefits" towards a service, such as paying for silver fillings instead of fully covering a composite (tooth-colored) filling, or paying for a filling rather than paying for a crown.
- Some dental plans may use the terms "usual, customary and reasonable" (UCR) to determine maximum fee allowances per procedure. 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.

*Facts About Insurance is for general use and information
by Contemporary Dentistry patients.*

It is not intended to be a guarantee of coverage or acceptance of insurance plans in our office.

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

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