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Dentally Speaking

DENTAL INSURANCE (PART II)

.....continued from last week, we are discussing the most frequently asked questions about dental insurance.

4. Who is covered by my dental benefits plan? What does it cover? This information should be provided by the plan purchaser, often your employer or union, and by the third-party payer. The plan document should describe the benefit levels of the plan and list any exclusions or limitations to that coverage. This document should also specify who is eligible for coverage under the plan and when the coverage is in effect. You dentist cannot answer specific questions about your dental benefits or predict what your level of coverage is for a particular procedure. This is because plans written by the same third-party or offered by the same employer may vary according to the contracts involved. Therefore, you should ask the plan purchaser or the third-party payer to answer specific questions about you coverage.

5. My dentist is not on the list of dentists provided by my employer. Can I still go to him or her for treatment? Why is he or she not on the list? Absolutely. You can always go to the dentist of your choice. You will probably not however, have the same level of benefit coverage. You should check with your plan administrator prior to calling the dentist. Keep in mind that the insurance company will most likely try to steer you towards a “preferred provider” because they ultimately have to lay out less money per procedure. If a dentist is not on the list there is usually a reason for it – such as, the benefit level paid by the insurance company, and the dentist is contracted to accept, does not cover the cost of providing the level of care that particular dentist wishes to provide. Dentistry is different than medicine in this regard; there are many less dentists enrolled in these types of plans than physicians.

6. Does my dentist have to send a description of my treatment plan to the insurance company before I have any dental work done? Insurance companies often request a “predetermination of benefits” for certain procedures. They will also tell you that this predetermination is not a guarantee of payment. Although it is unlikely that the insurance company would require this preauthorization, you should check your plan documents. In the end, the final treatment decision should be a matter between you and your dentist.

Dental insurance is a nice benefit to have if your employer is footing the bill. If your

employer does not provide dental insurance, or if you are self-employed, careful consideration should be given to determine if premium outlay is proportionally logical compared with benefit level.

If there are certain topics you would like to see written about or questions you have please email them to me at jpstclair@dentalhealthforlife.com.

