

My Insurance Covers This...Right?

Dental Insurance is designed to cover a portion of treatment costs, *not* provide full payment for all dental expenses.

Treatment Exclusions– Your insurance contract specifies what procedures may be considered for benefits, not what treatment is actually necessary. Some procedures that are medically necessary may not be covered insurance.

Annual Maximums limit the amount of money available for benefits for each year. If treatment costs exceed the annual maximum then the insurance will *not pay* for treatment.

Downgrade– In order to save money, many dental plans only offer benefits for the *least expensive alternative treatment*. For example, if the dentist recommends a porcelain crown, the insurance will pay 50% of the fee for a plastic crown, not the porcelain fee. This does not mean you must have a plastic crown, it just means you will have less than 50% coverage for the porcelain crown.

Frequency Limitations- Most plans limit the number of certain types of procedures it will cover each year, such as x-rays or cleanings.

What should I do if my insurance doesn't pay for treatment I think should be covered? Because your insurance benefits are determined between you, your employer, and your insurance carrier, it is best to contact the Employee Benefits Coordinator at your work or call your insurance company. If your insurance does not pay, you are responsible for the cost of treatment. You may also lodge a complaint with the State Insurance Commission.

Insurance policies are changing. Plans are so individualized & intricate that we can only estimate the coverage for your treatment will be.

Partner with us by calling your insurance to find out more accurately what they will pay for specific treatment.