



## FACTS ABOUT INSURANCE

- Dental insurance plans are a business contract between the insurance company and an employer (or an individual subscriber). It is important to remember that reimbursement and benefit levels are based on carrier and employer business 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. Dental insurance benefits apply only to 'covered' services, and are paid at a percentage of the fee allowance for each specific procedure. Reimbursement for services can vary widely between carriers.
- Many insurance plans will apply "alternate benefits" towards a service, such as paying for silver fillings rather than tooth-colored fillings, or not covering major restorative services, such as a dental crowns, inlays or onlays, and paying for regular fillings instead.
- Some dental plans do not offer coverage for pre-existing conditions such as missing teeth. This type of plan would not cover prosthetic tooth replacement procedures such as bridges, partial dentures, full dentures or dental implants. Most dental plans also have waiting periods for replacement of existing crowns, bridges or dentures.
- The majority of dental insurance plans exclude coverage for cosmetic treatments such as teeth whitening or veneers. Many have age or frequency limitations such as for fluoride treatments or dental sealants.
- Some dental plans use the terms "usual, customary and reasonable" (UCR) to determine insurance benefits. This term applies to methods used by dental insurance carriers to set reimbursement levels across the country. They are based on criteria set by each insurance company and are not a reflection of fees charged by our practice.

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

*Facts About Insurance is for general use and information for our patients. Please do not hesitate to contact us to research the details of your insurance plan.*