DENTAL TREATMENT

Why Doesn't My Insurance Pay for This?

ADA American Dental Association®
America's leading advocate for oral health

Having dental insurance or a dental benefit plan can make it easier to get the dental care you need. But most dental benefit plans do not cover all dental procedures. Your dental coverage is not based on what you need or what your dentist recommends. It is based on how much your employer pays into the plan.

When deciding on treatment, dental benefits should not be the only thing you consider. Your treatment should be determined by you and your dentist.

How Dental Plans Work

Almost all dental plans are a contract between your employer and an insurance company. Your employer and the insurer agree on the amount your plan pays and what procedures are covered.

Often, you may have a dental care need that is not covered by your plan. Employers generally choose to cover some, but not all, of employees' dental costs. If you are not satisfied with the coverage provided by your insurance, let your employer know.

The Role of Your Dental Office

Your dentist's main goal is to help you take good care of your teeth. Many offices will file claims with your dental plan as a service to you. The part of the bill not covered by insurance is your responsibility.

~ Annual Maximums

This is the largest dollar amount a dental plan will pay during the year. **Your employer decides the maximum levels of payment in its contract with the insurance company.** You are expected to pay copayments and any costs above the annual maximum. Annual maximums are not always updated to keep up with the costs of dental care. If the annual maximum of your plan is too low to meet your needs, ask your employer to look into plans with higher annual maximums.

~ Preferred Providers

The plan may want you to choose dental care from its network of preferred providers. The term "preferred" means these dentists have a contract with the dental benefit plan; it does not mean these are dentists the patient prefers. **If you get dental care from a dentist who is not in the network, you may have higher out-of-pocket costs.** Learn about your plan's costs when using both in- and out-of-network dentists.

~ Pre-Existing Conditions

A dental plan may not cover conditions that existed before you enrolled in the plan. For example, benefits will not be paid for replacing a tooth that was missing before the effective date of coverage. **Even though your plan may not cover certain conditions, you may still need treatment to keep your mouth healthy.**

~ Coordination of Benefits (COB) or Nonduplication of Benefits

These terms apply to patients covered by more than one dental plan. The benefit payments from all insurers should not add up to more than the total charges. **Even though you may have two or more dental benefit plans, there is no guarantee that all of the plans will pay for your services. Sometimes, none of the plans will pay for the services you need.** Each insurance company handles COB in its own way. Please check your plans for details.

~ Plan Frequency Limitations

A dental plan may limit the number of times it will pay for a certain treatment. But some patients may need a treatment more often to maintain good oral health. For example, a plan might pay for teeth cleaning only twice a year even though the patient needs a cleaning four times a year. **Make treatment decisions based on what's best for your health, not just what is covered by your plan.**

~ Not Dentally Necessary

Many dental plans state that only procedures that are medically or dentally necessary will be covered. If the claim is denied, it does not mean that the services were not necessary. Treatment decisions should be made by you and your dentist.

If your plan rejects a claim because a service was "not dentally necessary," you can appeal. Work with your benefits manager and the plan's customer service department to appeal the decision in writing.

~ Other Cost-Control Measures

- **Bundling** - Claims bundling is when two different dental procedures are combined by the insurance company into one procedure. This may reduce your benefit.
- **Downcoding** is when a dental plan changes the procedure code to a less complex or lower cost procedure than was reported by the dental office.
- **Least Expensive Alternative Treatment (LEAT)** - Your plan may have a LEAT clause. That means that if there is more than one way to treat a condition, the plan will pay for only the least expensive treatment. However, **the least expensive option is not always the best.** For example, your dentist may recommend an implant for you, but the plan may only cover less costly dentures. **You should talk with your dentist about the best treatment option for you.**

Make Your Dental Health the Top Priority

Although you may be tempted to make decisions about your dental care based on what insurance will pay, remember that your health is the most important thing.

Dental insurance is one part of your healthy mouth plan. If you find out what your dental plan covers and plan accordingly, it can help you have a healthy mouth. Work with your dentist to take the best possible care of your teeth so they will last a lifetime!