How To Get The Most Out Of Your Dental Insurance Plan: 7 Tips For Saving Money

Robert A. Weinstein, DDS, MS, PA
14856 Preston Rd. #104 Dallas, TX 75254
972-960-1111
www.texaswisdom.com
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You pay for it every month, but most patients are not sure exactly how their dental insurance plans work. As a result, many patients can overpay for treatment, delay needed treatment or even avoid having covered treatment performed because they aren’t sure their dental insurance will cover the cost.

If you understand your plan, and how it works, you will be far less likely to end up with claim denials and unexpected dental bills.

Understand Your Plan

Dental insurance is a tool to help patients with the costs involved in maintaining good dental health. It is important to understand the provisions and limitations of your individual dental plan. Reading through the plan documents can be boring and time consuming, but you should definitely do it before using your plan benefits. It is the responsibility of the patient, not the insurance company or the dentist office to pay for services rendered. If you understand your plan and how it works, you will be far less likely to end up with claim denials and unexpected dental bills.

Stay “In-Network”

Most PPO (Preferred Provider Organizations) plans have provisions for fee reductions when a patient has services rendered by a participating network provider. The participating providers have agreed to an itemized fee schedule which provides for fee reductions of the total price of treatment even BEFORE any insurance plan payments are made. Dental implants may not be a treatment which is payable by your plan, but the network dentist or oral surgeon has most likely agreed to a reduction in the regular fee, which you are entitled to.
Most covered services have fee reductions from 10-35% off the regular fee when you stay “in-network”.

Some DHMO (Dental Health Maintenance Organizations) plans do not pay claims for any services performed by a non-network provider. Make sure you know what your obligations are regarding choosing a provider and getting a proper referral if necessary.

**Read Your EOB**

An Explanation of Benefits statement is provided to both the dentist and the patient every time a claim is paid or denied. Make sure to read it, understand it and compare it to your itemized receipt for services provided by the dentist. Make sure the plan has paid your claim correctly. If any charges were unpaid or denied, find out why. Don’t pay for services not paid by your insurance without first calling the insurance company and finding out why the payment was denied and what you can do to get it paid.

**Ask for a “Pre-Determination” of Benefits**

Most dental work is not an emergency. There is usually some time in between when the treatment is recommended by the dentist and when the treatment is actually performed. Ask your in-network dental provider to send a “pre-determination” of benefits to your insurance company before proceeding with treatment. The insurance company will process the estimate just as it would an actual claim for services. The difference is, instead of sending a payment, the insurance company will send a statement showing exactly what they would have paid on an actual claim. This is the best way to get the most detailed information possible before having an extensive treatment.

**Know the Limits**

Almost all insurance companies have an annual maximum. An annual maximum is the total maximum amount your policy will pay per year. Know what your limit is. If you have had other dental work done in a calendar year, contact your insurance company to find out how much is still payable on your behalf BEFORE you have extensive treatment. If a claim is filed by your dentist and not paid because you have reached your annual maximum, you will be responsible for the payment of the difference. Do not try to beat the system by having extensive work done in multiple offices at the same time. Your insurance company is very good at not over-paying on an annual maximum.

In addition to an annual maximum, most insurance companies limit the number of office visits, dental cleanings and x-rays which are covered annually. Visits to specialists are usually billed differently than visits to your regular dentist. Visits to specialists are also
covered differently than visits to your regular dentist. Know and understand how your plan manages these limitations.

**Plan Multi-Stage Treatment Accordingly**

If you know that you are planning extensive treatment, you can plan the stages of the treatment to maximize your insurance plan payments. If possible, plan the stages in such a way that your annual maximum renews itself in between stages. This will allow for insurance payment of your second stage of treatment. In addition, *your unused annual maximum does not carry over*. If you need dental work performed and you have not used all of your benefit for the year, try to do it before it expires. This will give you a fresh annual maximum when the policy year renews itself, leaving available funds for payment of other needed dental work.

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**Go For Your Exams and Cleanings Religiously!**

The least expensive way to maintain good oral health is to *go to your dentist at least twice a year for an exam and cleaning*. These services are usually covered 100% by your PPO plan. When you do this routinely, you will find that problems are detected early and require less costly treatment to repair. The best way to spend less on extensive dental work is to not need extensive dental work. Always practice good personal oral hygiene and follow your dentist’s instructions for maintaining oral health, reversing gum disease and cavity prevention.

*Dr. Robert Weinstein* is an “in-network” oral surgeon for most PPO and DHMO dental plans. We offer the full spectrum of oral and facial surgical services including wisdom teeth removal, dental implants, bone grafting, jaw surgery and cosmetic facial surgery. In addition to providing “in-network” fees for our insured patients, we also offer *special rates* for the uninsured. For more information on your individual insurance policy, visit your plan website. For information on the average cost of specific treatments, visit [http://www.costhelper.com/cost/health/health-personal-care.html](http://www.costhelper.com/cost/health/health-personal-care.html) and select the appropriate procedure listed under “Dentistry”.

For more information, visit our website at [www.texaswisdom.com](http://www.texaswisdom.com) or give us a call on the new patient hotline: 972-869-2525.