



NOVATO
Pediatric Dentistry

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The “Insurance World” can be difficult to navigate and understand – and often times, as dental benefits are an add-on to an existing medical policy or are a separate policy all together, it can be easy to overlook these plans. This informational sheet is designed to help you with a quick overview of dental benefits, explain how they are broken into categories, and provide further information about how our office handles your benefits.

The first and most important thing to know about “Dental Insurance” is:

Dental Insurance does not exist – only Dental Benefits Plans exist

The actual definition of insurance is “a thing providing protection against a possible eventuality,” which is exactly what medical insurance does. However, this is not what your Dental Benefits Plan does. Your plan offers to pay a predetermined amount for procedures rendered, up to a certain amount per year – regardless of what procedures are required or how often they are required. This is an incredibly important fact to understand because this is how the dental benefits companies justify their policies and benefits. For example, it's how they can say that they will only cover \$1,000 of your \$100,000 procedure – regardless of whether it's medically/dentally necessary or not. Please understand, even though dental benefits are not technically insurance – they still provide a good service and in most cases, help to offset the cost of dental procedures to your family.

Less-Than-Fun-Fact: In the 1960's, dental benefit companies began offering a yearly maximum of \$1,000...now, 50 years later, many companies still offer that same \$1,000 amount. Though your premiums have increased, dental supplies and overheads have increased, cost of living has increased...etc. (dentalbilling.com)

Overview of Dental Benefits

Though there are many facets to dental benefit plans, there are a few key concepts to understand to really be able to navigate your individual plans.

→ Is your plan a PPO or HMO plan?

- A PPO plan, to put it simply, means that you or anyone on your plan can go to ANY DENTIST they want to, as long as that dentist is accepting patients, and your dental benefit company should pay “something” for that visit.
 - **Remember:** sometimes that “something” is nothing due to plan limitations, deductibles, non-covered benefits/services...you should always check your benefits and coverage before visiting any office. Usually, you can do this right online at your dental company's website.
- An HMO plan – or health maintenance organization – is a plan that limits where you or your family can go to seek dental care to only “in-network” dentists. Often times, the dental benefits company will “assign” your family to a dental office. These plans typically have substantially cheaper premiums and most procedures are covered at nearly 100%, however, access to dental offices and choices are extremely limited.
 - For example, you may have 50 choices of dental offices that accept your PPO benefits in your home area, or only 1 choice for your HMO and it's 30 miles away. [This is an actual situation encountered in our dental office.]

→Is my dentist In-Network or Out-of-Network with my PPO benefit plan?

- An “In-Network” dentist is someone who has entered into a contract with your dental benefits company and agreed to see subscribers of that benefits company at a fixed and reduced fee schedule. Visiting an “In-Network” dentist is a good way of knowing what your benefits company will pay for at your dental visits.
- An “Out-Of-Network” dentist that still accepts PPO insurance is one that charges his or her own fees to the dental benefits company. The dental benefits company then chooses to pay the dental office what it deems “usual, customary, and reasonable (UCR)” and whatever portion is not covered by insurance becomes the subscriber's responsibility.
- Though In-Network and Out-Of-Network are important pieces of information to know, it should not be the sole determining factor in choosing your dentist. Your comfort level, trust in the dentist and the staff, quality of the work you've received, etc. all need to be factored into your choice.

How To Read Your Benefits Plan

When discussing dental procedures, dental offices and insurance companies all follow the Code on Dental Procedures and Nomenclature or CDT Codes. Every time you have been to a dentist and received a statement, it should have included: the code for the procedure, the name of the procedure, and the cost. For example, D0120 – Periodic Oral Evaluation \$25. The CDT code book begins with code D0120 and ends with code D9974...there are a lot of codes! Everything that is done in the mouth has its own code, it's own fee, and falls into one of four categories: Diagnostic/Preventive, Basic Restorative, Major Restorative, or Adjunctive Services.

→**Diagnostic/Preventive** services may include: Exams, x-rays, cleanings, fluoride treatments, sealants, space maintainers

→**Basic Restorative** may include: Fillings, Endodontics (Root Canals), Oral Surgery (Extractions), Periodontics (Gum Issues)

→**Major Restorative** may include: Crowns, Implants, Orthodontics, Prosthodontics (Prosthetics)

→**Adjunctive Services** may include: Sedations, Nitrous Oxide, bleaching of teeth, etc.

Please Note: Although dental offices are required to adhere to the CDT codes and the categories that they fall under, often times benefits companies will change the classification of a code in order to change their level of financial responsibility. [An example from our office: Sealants are quite literally the definition of Preventive Dentistry, because they help prevent cavities on the chewing surface of your teeth, and as such should be covered under Diagnostic/Preventive – which very often is a 100% completely covered benefit. However, some benefits companies will downgrade this procedure to “Basic Restorative” and therefore only cover them at 80%.]

Final Thoughts

The goal of this informational sheet was hopefully to improve your understanding of dental benefits. Though navigating the dental benefit world can be a bit convoluted and frustrating at times, I do believe that in most instances having dental coverage is a big positive for families. Our office strives to be the liaison between you and your dental company. We go to great lengths to update and verify your information, we work with the company to maximize your benefits, and we are always on top of any changes to the dental benefits world.

To help serve our patient base, our office is In-Network with over 600 insurances, and we are always willing to look at joining any Benefit Company's network. Please do not hesitate to call our office at 415-897-5566 if you have any questions about your current coverage or are considering getting coverage or are changing your coverage. We take great pride in helping and educating our patients and truly believe that dental benefits are exactly that – a benefit to you and your family.