



America's Health
Insurance Plans

Guide to Dental Insurance



www.ahip.org

This guide is designed to give consumers a general introduction to dental insurance. It is not a comprehensive description of dental insurance and its features. For more information, speak with an insurance agent.

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Introduction

This guide is written to help you understand why dental insurance¹ is important, how dental insurance works, and what questions you should ask before purchasing a policy.

What is Dental Insurance?

Dental insurance is designed to pay a portion of the costs associated with preventive dental care and treatment of dental conditions.

There are several types of dental insurance plans currently offered to individuals and to groups. They fill a variety of needs.

▶ Preferred Provider Organizations (PPO)

- Under a PPO plan, you can receive care for covered services from any licensed dentist and be reimbursed for a portion of the costs.
- However, if you choose to receive care from an in-network dentist, your out-of-pocket costs will be lower.

▶ Dental Health Managed Organizations (DHMO)

- Under a DHMO, you choose an in-network dentist who will be your primary care provider.
- You will receive benefits when receiving care for covered services only if you use this dentist or a dentist you are referred to by your primary care provider.

▶ Indemnity Plan

- Under an indemnity plan, you can receive care for covered services from any licensed dentist and be reimbursed for a portion of the costs.

Why Should I Buy Dental Insurance?

For anyone: Deciding whether to buy dental insurance is a very important decision for you and your family. In addition to limiting your financial risk from major dental expenses, dental insurance can help you in a number of other ways:

- ▶ Dental insurance plans generally cover regular professional visits that include teeth cleanings and

fluoride treatments. These visits, combined with proper flossing and brushing at home, help avoid tooth decay and promote healthy gums (the soft tissue around your teeth). Dental insurance plans also cover other aspects of professional dental care, including fillings, crowns and root canals.

- ▶ Dental insurance plans can help pay for unexpected dental emergencies and damage to your teeth that may be expensive to fix.

For children: Children greatly benefit from establishing a basic oral health routine and having oral health concerns addressed at an early age. Dental insurance can help establish the receipt of regular preventive care, examinations and oral health counseling by dental health professionals that create a long-term foundation for oral health.

- ▶ The coverage of regular professional teeth cleanings and other preventive care by dental insurance helps establish good oral health in childhood, and is important to long-term oral health.

How Is Dental Insurance Similar to and Different from Medical Insurance?

Medical insurance: Medical insurance is designed to provide coverage for regular preventive care, as well as treatment for a range of medical conditions.

- ▶ Most medical policies typically cover the costs associated with dental services only in limited situations, such as complicated oral surgery as a result of an accident where the teeth or jaw are damaged.

Dental insurance: Similar to medical insurance, dental insurance is designed to provide coverage for regular preventive care. Dental insurance is also designed to offer coverage for a range of dental conditions.

- ▶ Because dental disease is often preventable, dental policies encourage patients to get routine care, which is vital to preventing and diagnosing the onset of serious dental disease. Additionally, dental policies often provide coverage for a number of non-routine dental services, such as those listed below. The coverage for some non-routine services is generally at a lower level than coverage for routine care.

¹ For some, coverage for dental services may be available through Medicaid or CHIP programs. For more information on Medicaid and CHIP programs visit <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Dental-Care.html>.

What Do Dental Plans Cover?

Dental insurance plans often provide coverage for many of the following services. The specific benefits covered, as well as the levels of coverage, may vary from plan to plan.

▶ Routine Preventive Care

- Exams
- Professional teeth cleanings
- Fluoride treatments
- Sealants
- X-rays

▶ Non-routine Care

- Fillings
- Extractions and other oral surgery procedures
- Periodontal (soft tissue infection) treatments
- Root canals
- Crowns
- Bridges
- Dentures—partial or full
- Orthodontics—normally for children up to age 19
- Emergency services and anesthesia

What Isn't Usually Covered?

Dental plans typically do not cover:

- ▶ Cosmetic dental procedures, such as bleaching of teeth
- ▶ Services generally covered under a medical plan, such as complicated oral surgery done in a hospital

If you have any questions about what is or is not covered in your current dental insurance plan or in one you are considering, be sure to contact your insurance agent, broker, plan administrator or human resource department.

Who Pays the Bills?

When choosing a dental plan, it is important to know who pays and how payment works.

- ▶ **The premium:** Is usually paid monthly by you, your employer, or is shared by both your employer and you.
- ▶ **When you visit the dentist:** You may also be required to pay a cost sharing amount associated with the visit and/or the services received during the visit. Cost sharing types and amounts vary based on your plan.

Examples of typical cost sharing provisions:

- **Co-payments**—A flat dollar amount for each visit or service, generally applicable to Dental Health Managed Organizations (DHMOs).
- **Co-insurance**—A percentage of the billed amount, generally applicable to PPOs and Indemnity Plans.
- **Deductible**—The amount you must pay for your dental care in a given year before your dental insurance company begins to pay.
- **Annual maximums**—After the dental plan has paid its maximum amount for the year, you will pay for further care received in that year.

You may also receive services not covered under your dental plan. If so, then you are responsible for payment for those services.

- ▶ **When receiving care from an out-of-network provider:** Under a PPO plan, you generally will be responsible for a greater share of the costs for your dental care. Under a DHMO plan, if you do not have a referral, you will be responsible for all of the costs if you choose to receive care from an out-of-network dentist.

Can I Continue to See My Current Dentist?

This will depend on the type of dental plan: For PPO and DMHO plans, it is important to know if your dentist is an in-network dentist. Under these plans, you could either be responsible for higher out-of-pocket costs or for all costs when receiving care from an out-of-network dentist.

Ask your dentist: If it is important for you to be able to see your current dentist, consider asking your dentist in which insurance plans he/she is an in-network participating provider.

What to Look For in a Dental Insurance Plan

As you are deciding on a dental insurance plan, be sure to look for a plan that best suits your family's oral health needs. Below are some basic questions to consider asking before purchasing a plan:

- How many of the network dentists are close to where you live or work?
- Is your current dentist in the network?

- ✔ How can you get a list of covered services, as well as services not covered?
- ✔ How are emergencies covered when you are on vacation?
- ✔ Are you covered if you receive dental care out of the country?
- ✔ What are your cost-sharing (e.g., co-payments, co-insurance, deductibles) responsibilities?
- ✔ How long is your coverage for?
- ✔ How do you renew coverage?

Where Can I Get Dental Coverage?

- ▶ **Through an employer:** Many employers offer dental insurance. Check with your employer to see if you are eligible to enroll.
- ▶ **Through an agent or broker or from an insurance company:** You can also purchase coverage through an insurance agent or broker, or directly from a dental insurance company that offers individual dental products.
- ▶ **Through a web site:** For individuals purchasing directly, there are web sites available that enable you to shop and compare benefit plans. You may also want to check insurance company web sites for coverage available in your area.
- ▶ **Through your state insurance department:** Check with your local insurance department to find out information about insurance marketplaces established by the health care reform law, which allow consumers to compare and purchase coverage.

A Few Final Words

Read the plan documents before you buy: Insurance policies are legal documents and the language controls what benefits will be paid. Carefully read the policy you are considering before you buy insurance and make sure you understand the provisions. Reviewing marketing and sales literature is no substitute for looking at the actual policy. If you do not understand the provisions in the actual policy, be sure to contact your agent or broker.

Check with your state insurance department or agency, if needed: Every state has a department or agency that regulates insurers and assists consumers. If you need more information, or if you want to register a complaint, check the government listings either online or in your local phone book for your state's insurance department or agency.

Glossary

Annual maximum—The maximum dollar amount your dental insurance company will pay for all covered expenses in a given year.

Benefits—The services covered under your dental plan.

Bridge—False teeth to replace some missing teeth; permanently attached to natural teeth; also called fixed partial bridge

Coinsurance—A predetermined dollar amount you must pay to the dentist for each visit or service received.

Co-payment—A predetermined dollar amount you must pay to the dentist for each visit or service received.

Crown—An artificial cap that is placed over a tooth to restore its shape, size and strength.

Deductible—The amount you must pay for your dental care in a given year before your dental insurance company begins to pay.

Dentures—False teeth that can be removed. They may replace all or some of the teeth.

Extraction—The removal of a natural tooth from the mouth.

Filling—Material used to fill a hole in a tooth caused by decay; the hole is also known as a cavity.

Fluoride treatment—A teeth treatment using a mineral that helps prevent tooth decay and keep teeth strong.

In-network—Dentists that are contracted with your dental insurance company to provide services to plan members for pre-negotiated rates.

Orthodontics—The use of braces or other dental treatments to straighten teeth and correct your bite.

Out-of-network—Dentists that are not contracted with your dental insurance company.

Out-of-pocket costs—Your expenses for dental care that are not reimbursed by your dental insurance company. Out-of-pocket costs include deductibles, coinsurance and co-payments for covered services, and may include other amounts (e.g., amounts above the annual maximum, payments for non-covered services, amounts billed by out-of-network providers above the reimbursable amount).

Periodontist—A type of dentist who treats gum disease.

Preventive care—Dental care-related procedures or treatments that are meant to prevent oral health problems.

Primary care provider—A dentist you choose to manage your overall dental care usually known a general dentist or pediatric dentist (for children).

Root canal—Space inside the tooth root. It is filled with nerves and blood vessels. Root canal is also a term for a treatment that removes the diseased or damaged nerve inside the tooth root.



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