Advances in Dental Care

Financial Policy

Insurance Primer

Types of Plans

Indemnity: This type of insurance permits the member to go to any dentist and does not require network participation. Thus, there may be no contractual relationship between the dentist and the insurance company. Usually an annual deductible, an annual maximum and co-insurance provisions apply.

PPO: This type of insurance permits the member to go to any dentist but does require network participation for its member to get the full benefit. There is a contractual relationship between the dentist and the insurance company whereby the dentist is credentialed by the plan, is listed in the insurance plan's provider printed and web directories. As part of the participation agreement, the dentist agrees to accept the insurance company's schedule of maximum charges which are almost always lower that the dentist's standard fees. Usually an annual deductible, an annual maximum and co-insurance apply. We participate in many PPO plans. If we do not participate in your PPO plan, you will pay us when any service is render to you or your dependents. We will gladly complete all insurance forms for you and submit them to your insurance carrier and you will receive a reimbursement check in the mail.

DHMO: This type of insurance may require the member to go to a network dentist but does require network for its member to get a benefit. Going to an out of network provider may result in a substantially lower or no benefit allowance. There is a contractual relationship between the participating dentist and the insurance company whereby the dentist is credentialed by the plan, is listed in the insurance plan's provider printed and web directories. As part of the participation agreement, the dentist agrees to accept the insurance company's schedule of maximum charges which are almost always substantially lower that the dentist's standard fees. An important aspect of this type of plan is the dentist is paid a small monthly fee for each member assigned to the participating practice whether or not the assigned members actually see the dentist. In our opinion, this plan type, although excellent in concept is not beneficial to either the member or the dentist in that the fees are so low, it is not possible to maintain a quality staff and provide acceptable, quality services. We therefore do not participate in DHMO plans. An annual deductible, an annual maximum and/or co-insurance may apply.

Discount Plans: These are not really insurance plans but may be sold by insurance companies as well as non-insurance, for profit companies. They require a member to pay a monthly fee with a promise to have access to dentists who are willing to accept steeply discounted rates for their dental services. The only problems are finding one of these dentists, and the type of service and quality of materials used may reflect the steep discount. We therefore, do not participate in any discount dental plans.

***Medicaid*:** Medicaid is not insurance, but is a federal / state government sponsored plan that, in Maryland, provides a full dental benefit program for children (under age 21) and a limited benefit plan for adults (age 21 and older). Pregnant women over age 21 are eligible for full benefits during their pregnancy. Pre-authorization of certain services is required as a condition of coverage for Medicaid recipients. Annual maximum, annual deductible and co-insurance do not apply to Medicaid. We only participate in the **United Healthcare Maryland HealthChoices** program.

Other Important Insurance Terms

Deductible: Most insurance plans require an annual deductible be paid by the member. The annual deductible is usually the first $50.00 of dental expense incurred each year. This may apply to more than one family member, but there is usually a limit. These terms vary by plan.

Co-insurance: Almost all procedures fall within co-insurance requirements whereby a patient / member is required to pay a percentage of each service covered by his/her particular insurance plan. Insurance plans almost never cover 100% of any dental procedure, except diagnostic and preventive – and even this in plan specific. For instance, most insurance plans will cover 80% of a filling. The patient is required, not only by the insurance company, but by state law, to pay the remaining 20%. This is the co-insurance or co-pay amount.

Annual Maximum: Every insurance plan includes a limitation stating that the insurance company limits its liability under the plan to pay out not more than a contractually stated sum in any year. The annual maximum amounts appear to be anywhere from $750.00 to $2,000.00, but most are in the $1,000.00 to $1,500.00 range.

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Pre-treatment Estimate: When extensive treatment or expensive services are identified as necessary to correct your dental problem or disease, we will request a pre-treatment estimate from your insurance carrier. The PTE serves to verify eligibility, coverage, co-insurance levels related to your plan, but does not guarantee payment.