

Dental Benefits: A Patients Guide

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Your dental benefit plan is a contract between you, your employer and your benefit carrier (third party payer). The dentist is not a part of the contract. We may contact the carrier for verification or estimated benefits, but are not able to change or alter the existing plan with the contract designee. Remainder balances are always the responsibility of the patient or guarantor.

How do I receive the most for my benefits?

Not all plans are created equal. Get to know your benefits program. Read over your benefits booklet carefully and become familiar with your limitations and services covered. If your plan pays for 100% for two examinations and cleanings a year, it makes economic sense to take advantage of those preventive services because they will help ensure maximum oral health.

What are some of the most common dental benefit limitations?

Some of the most typical limitations include: limits on the maximum available allowance, limits for cleanings (usually two per year), and low reimbursements for restorative and replacement work such as root canals and implants respectively. Treatment performed solely for cosmetic purposes are rarely covered in these benefits.

What should I do before seeking treatment?

Be an educated consumer by doing your homework before you visit our office. Ask your employer what your plan will and will not cover. We will provide you with a thorough explanation of the treatment plan you need, the professional fees and possible alternatives.

We will be most happy to provide your benefit company with a predetermination of our estimated services and fees (EOB). This will explain the costs for the services as well as the priority of need. Within three to four weeks, we will receive information that will contain: your eligibility, covered services, amounts payable, applied deductible, and co-payment factors, and maximum payment the benefit will cover per service. Please be aware that dental benefit only defrays some of the expenses. It rarely covers 100% of all treatment. Additionally, a pretreatment will not guarantee payment. The final responsibility is up to the patient.

All companies deduct a fee at the first service, called a deductible. **These deductible amounts are to be paid at the first service of the year and the remainder balances from the services charged are to be paid at the time of service.** All restorative services, whenever feasible, will be predetermined, as to let you know your remainder balances.

Who pays for what if I am covered under multiple benefit plans?

For patients with each partner/spouse having a separate plan, Coordination of Benefits (COB) must be examined regarding payment for treatment. When a partner/spouse is covered under both plans, the COB allows payments up to, and usually not over, 100% of the total allowable expenses. The birthday rule may exist if both are covered with the same carrier.

Primary plans must provide benefits first (the plan covering the partner/spouse as a member is primary). The plan covering the partner/spouse as a dependent is secondary. The secondary plan usually covers what the primary plan does not, less the deductible amounts.

What if my carrier won't cover the entire fee?

Full fees usually aren't covered by a portion of the fee will be. If your carrier says that our fees for service exceed the UCR (usual, customary and reasonable) levels they set for service, you may need to discuss the billing and inadequate benefit problem with your employer or union that purchased the plan and encourage them to take action. These fees are set by an arbitrary system and are usually put in place to save the company money and decrease costs. Sometimes a better dental plan may be sought out with better benefits.

We will work with your benefit company to get the maximum benefit for your dental treatment. We do not over treat. **Please be advised, the dental benefit company determines benefit not treatment or patient care.** Only your dental health care specialist would determine your personal oral care needs.

We have been providing excellent dental care and superlative customer service for many years. We are proud of our services and our fees, and still accept assignment of dental benefits where other dentists are eliminating that practice. If you have any questions, please do not hesitate to contact us. 847-677-1101

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