

## Why doesn't my insurance pay for this?

Dental plans are typically business arrangements between an insurance company and an employer. Most plans are designed to pay only a portion of your dental expenses. However, dental plans may exclude or discourage certain treatments, such as dental sealants, which can prevent tooth decay and save you money later on. **Carefully read a plan and know its limitations.** If a plan doesn't cover a procedure that is recommended by your dentist, this does not mean that the treatment isn't appropriate or needed.

### WHAT DO PLANS COVER?

Some plans do not cover pre-existing conditions, such as missing teeth. Others may not cover dental implants, specialist referrals, or other dental needs. Even when you and your dentist agree on the appropriate treatment method for your condition, the contract provision of the dental plan may only pay a portion, or pay only for the **least expensive alternative treatment (LEAT)**, as determined by the insurance company.

### WHAT IS "USUAL, CUSTOMARY AND REASONABLE" (UCR)?

Dental plans may use the terms "**usual, customary and reasonable**" (UCR) to determine the portion of the dental treatment fee they will pay. UCR reimbursement levels are determined by different methods by the dental plan administrators. They may vary a great deal among plans — even when those plans operate in the same area. The fee the insurance company determines to be "customary" may be very low compared to the area's average professional fee for the same services. The plans then generally pay a certain percentage of the UCR level. The patient may then be required to pay a greater portion of the treatment costs.

### DOES MY DENTIST HAVE TO SEND A DESCRIPTION OF MY TREATMENT PLAN TO THE INSURANCE COMPANY BEFORE I HAVE ANY DENTAL WORK DONE?

Insurance companies often request a "predetermination of benefits" on certain treatment plans. Usually this means a dental consultant will review your dentist's treatment plan and determine what benefits your plan will provide. But this predetermination is not a guarantee of payment. You may want to review your benefits prior to receiving treatment, but the final treatment decision should be a matter between you and your dentist, regardless of your benefits. There may be a provision in your plan that will deny your normal dental benefit, or reduce the level of coverage if you do not submit the treatment plan for prior authorization. This is a contractual matter between the plan purchaser (often your employer) and the plan administrator.

Your dental plan is designed to share in your dental care costs. It may not cover the total cost of your bill. Most plans cover between 50 to 80 percent of dental services.

