

# Why doesn't my insurance pay for this?



*WE HOPE THIS HELPS ANSWER THE QUESTION, WE KNOW IT'S FRUSTRATING AND CAN BE VERY CONFUSING.*

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## FIRST AND FOREMOST;

Dental benefit plans do not function in the same way your medical coverage does. There's frequencies, limitations, requirements and a fee schedule with most plans.

When making decisions about your oral health care needs, your dental benefits should not be the main consideration, they're approval and payment does not have your needs prioritized like your doctor does.

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## Annual Maximum and Deductible

Your plan as a maximum amount they will cover in a contract year; which is either a calendar year, or a 12 month period.

Your plan deductible is a one time payment during the contract year.

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## PRE-EXISTING CONDITIONS

The main issue to know in this section is a term called missing tooth clause. Under this clause the dental plan will denied any, and all treatment regarding a tooth that was missing prior to your effective date. Whether it's an implant for that tooth, or a bridge to connect the other two teeth together. They will denied to missing tooth in the middle.

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## COORDINATION OF BENEFITS

So you have double coverage from dental benefits and think it will pay everything, right?! Not under this clause.

Dental benefit companies have implemented a term called coordination of benefits meaning they communicate with each other regarding payments made on treatment done and only pay out what the original plan was going to pay.

Dual insurance does not always equal maximum coverage. They could both deny needed dental treatment

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## FREQUENCIES AND LIMITATIONS

FREQUENCIES; your plan has requirements in order to pay for procedures. For example, you may only be eligible for a cleaning every 6 months apart, a day too early and they wont pay.

They also have frequencies for treatment, even though you've come in to the office, in a lot of pain with a broken crown, if the frequency is every 6 years for a new crown and it's only been 5 they will deny the service despite needing it.

## LEAST EXPENSIVE ALTERNATIVE TREATMENT

This is where the plans changes the entire treatment plan to a more cost effective plan, this does not mean the best plan for you, the patient. They are utilizing their codes in order to find how they can pay the least amount.

Your doctor is considering your health and well being. It is important to discuss the options with your doctor to understand why the treatment plan outlined for your is the best option.

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## DOWNCODING

This is where the plans changes the billed code to another, lower, less complex code in order to pay out less.

For example, we provide a tooth colored filling, they pay for a silver filling

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*SO, how to do figure out what your plan will cover, and why?*

That's why we are here, and we want to help. We are here to explain why you need the treatment outlined, and what is expected to happen with insurance and what your explanation of benefits really means.