Introduction

1. What is dental insurance?

2. What do dental plans usually cover?

3. What to look for in an insurance plan

4. Where can I get dental coverage?

5. Other payment options

6. FAQ's

7. Glossary
We understand that dental insurance can be confusing. The information they give is always a long document with boring and unfamiliar terminology that we end up skipping through. That is why here at Cline Dental we have a team of professionals dedicated to handling your insurance questions and needs.

We created this guide with the hopes that our patients and their families can have a better understanding of what type of coverage they have for their dental care.

While we will always do a complimentary benefits check for our patients, it is ultimately the patients responsibility to know what their insurance benefits are.

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

There are many different types of insurance plans, each with their own rules and limitations. It is important to understand what your dental plan covers.
WHAT DO DENTAL INSURANCE PLANS USUALLY COVER?

Dental insurance most commonly covers preventative care at the highest coverage level, and then will sometimes pay a portion of treatment needed outside of preventative care.

Coverage for any service will typically range from 50%-100% within different categories. This means that fillings will sometimes be covered at a different level than a root canal or tooth extraction. Dental benefits will show the percentage covered for each type of benefit or will say "no coverage" if it's not a covered benefit of the plan.

Dental insurance plans won't always cover needed services recommended by your dental health care provider.

WHAT TO LOOK FOR IN AN INSURANCE PLAN

There are few key items to look into when going over your dental insurance plan or selecting a dental insurance plan.

The **maximum allowed amount** for the year is a dollar amount that the insurance will pay and once that dollar amount has been paid out they will no longer cover on services, even if the service is part of their coverage plan. This number often ranges somewhere between $500-$2,000 dollars.

Another important factor is **frequency limitations** and waiting periods. Some insurance plans won't pay out on services until the plan has been in effect for up to 1-2 years time. Also, they may not cover for tooth replacement if the tooth was lost prior to the activation of the insurance plan, or if they feel a cheaper service could be substituted. This is why sometimes it's necessary to send a **predetermination** prior to any major treatment dental treatment.

It is also important to know if your dental insurance plan covers differently if you are with a **preferred provider** or **non-preferred provider**.
WHERE CAN I GET DENTAL COVERAGE?

Typically, people get insurance through an employer. However, you don't have to have an employer to get a dental insurance plan from any of the major dental insurance companies that we are in network with.

Insurance companies offer individual plans that you can tailor to your needs. These plans range in all the different areas of coverage and the company can work with you to select the best option for you and your family.

WHAT ARE OTHER PAYMENT OPTIONS

Our office offers Cline Care, a dental care membership plan that can save patients a lot of money on dental care, and allow for monthly payments rather than payment in full at the time of services.

This membership plan covers all preventative services (cleanings, x rays, exams), emergency visits, and then gives a 15% discounted rate for any needed dental treatment (fillings, tooth replacement, extractions).

One of the best parts of having Cline Care are there are no hidden limitations or yearly maximums that most insurance plans have!

To learn more about Cline Care visit our website at www.clinedental.org!

Patients also like to utilize Care Credit, a credit card specifically designed for medical purposes that allows for no interest payment options.
FAQ'S

Where do I get a copy of my dental benefits?
If your employer provides an insurance plan, they can provide you with a copy of your benefits. Or call the number listed on your dental insurance card and ask for a copy to be sent to you. We can also try and help you obtain a copy however, sometimes the patient can gain more information that we are able to.

My insurance was supposed to cover in full, why do I have a bill?
Sometimes insurance providers will only pay up to a certain amount even if the treatment is listed as a fully covered service, regardless of what the dental office's cost is for the treatment. This is mostly seen with out of network or non-preferred provider insurances because they do not have a written contract with the dentist regarding fee's.

How do I know if my dental provider is a preferred provider for my insurance plan?
Often, your insurance company will have an online list of preferred providers in your area. Also, you can call you dental office of choice and ask if they are in network for your insurance plan.

Can I have multiple dental insurance policies?
Yes. In some cases you may be assured full coverage where plan benefits overlap, and receive a benefit from one plan where the other plan lists an exclusion, so having two plans can be a great way to receive the care you need. Our office can only submit to one insurance provider, but the patient can submit for reimbursment from the second provider plan.
**Preventive dental care** - Care that you receive to prevent disease and future health problems. Most commonly, cleanings, exams, x-rays, fluoride, etc.

**Maximum allowed amount** - The "cap" or limit that an insurance policy will pay within a given year.

**Frequency limitations** - A restriction of the amount of a type of service you can have within a year.

**Age limitation** - When the insurance no longer covers a service after a certain age. Most commonly seen with fluoride, sealants, and orthodontics.

**Predetermination** - A letter sent to the insurance company to determine the exact coverage level of a service and determine any limitations.

**Preferred provider** - A dentist that has a written fee agreement and discounted rate with an insurance provider.

**Non-preferred provider** - A dentist that does not have a fee agreement with the insurance provider.

**Cline Care** - A membership plan designed for patients without insurance to cover or discount needed dental treatment.

**Care Credit** - A credit line designed only to be used in medical settings that allows for no interest payments depending on what you qualify for.

**Deductible** - An amount set by the insurance company that must be paid out by the patient before the insurance will start to pay on treatment, often times also called a Co-Pay.
Thank you for taking the time to read our guide to insurance! We are so grateful to be able to take care of you and your families dental needs.

If you have any questions please contact us at 417-885-7070.

We are here for you.