



Avoiding Surprises with Dental Insurance

10 tips for reviewing dental plans

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Dental Benefits Within the Affordable Care Act

Before making decisions on medical insurance, it's important to understand how adult and pediatric dental plan benefits fit within the Affordable Care Act (ACA). Bottom line – pediatric dental benefits within a medical plan are very different from a comprehensive dental plan for the whole family. For the latest updates on dental benefits within the ACA, visit www.ameritasgroup.com/reform.

Some surprises are pleasant, like finding a twenty dollar bill on the sidewalk. But when it comes to things we value and count on, most of us don't like surprises. For example, no one wants to visit the dentist only to find out later the services are not covered by our insurance plan.

Avoid Surprises With Dental Benefits

Choosing a dental plan can be confusing. Plans may look similar, but in reality each one is designed differently. Consider the following 10 tips for evaluating dental plan and coverage options, and avoiding surprises

1 Covered procedures

Review covered procedures and reimbursement categories. Most carriers list procedures in different categories, such as X-rays, root canals (endodontics), gum disease treatment (periodontics) or oral surgery. If you are working with a participating provider network (PPO), know whether these procedures are classified as preventive, basic or major as this will impact rates and out-of-pocket costs for employees and their family members.



Employees often are interested in special dental services, so check on whether options such as dental implants, cosmetic fillings in molars, teeth whitening or orthodontia for adults are included in the plan.

2 Deductibles and annual maximums

If the plan has a deductible, know the amount, when it applies and the annual benefit maximum available per year. If orthodontia is included, find out the lifetime benefit available.

3 Coinsurance and copayment amounts

For PPO plans, know the percent paid by procedure category, typically stated as preventive, basic or major. For dental maintenance organization (DMO) plans, it is important to know the members' costs for common procedures.

4 Frequency limitations



Ask how often each type of X-ray can be taken and how many cleanings are permitted each year. It is also important to know whether there are limitations on the number of years allowed between crown replacements. For example, one carrier may approve replacement of crowns every five years, while another may extend the limit to 10 years.



Avoid Unexpected Surprises

Benefit surveys continually reaffirm that employers and employees value dental benefit plans. However, they do not appreciate unexpected surprises on important components, such as covered services, limitations or out-of-pocket expenses. Take time to compare the differences in dental benefits to ensure that the plan chosen will provide the coverage expected.

For information about Ameritas dental plans, visit www.ameritasgroup.com and find a sales representative in your area.

5 Waiting periods and participation requirements

Some plans have procedures that require a waiting period or different coverage policies for current employees vs. new hires. It's also important to know whether the carrier requires a specific percentage of eligible employees to participate in the plan before coverage is available.

6 Network access

If the plan design includes a dental network, determine whether there are enough contracted providers in areas where employees need them. Ask carriers how they count the network providers, including access points and locations. Also find out how the carrier verifies the dental providers' credentials.

7 In-network and out-of-network providers

Know the coverage allowance for services provided by in- and out-of-network dental providers. For in-network providers, not all 90th percentiles are created equal. The 80th percentile for one carrier may equal the 90th for another. Ask carriers for the source of their data and how often they update their records.

8 Rewards and incentives

Dental insurance has come a long way over the years. Current plans offer many innovative features, such as carry-over maximums, sharing dollar maximums within the family and not counting preventative procedures toward the maximum benefit amount. Some plans also include other benefits, such as vision and hearing coverage or prescription and eyewear discounts. Know what extra incentives are built into the plans that increase the value of the benefit.



9 Premiums and persistency

Some dental carriers have dedicated administrative systems for dental and know how to accurately price plans, while others adjust rates each year to cover unanticipated costs. Seek out information about customer satisfaction with coverage and service, and the percentage of customers who renew their plans.

10 Carrier expertise

All dental carriers are not the same, so carefully assess the differences. Look for carriers whose top priority is dental. Find out their reputation for claims processing and customer service.

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