



## Learn 5 Mistakes to Avoid When Choosing a Dental Plan

### Description

Dental treatments are really expensive. It's important to get the best, affordable dental plan so you can get your perfect smile back.



Every day dental needs are not covered in the health insurance plans. Consider the dental needs of you and your family and do some homework before choosing a dental plan and avoid these mistakes to choose the best dental plan for you.

1. **Are you selecting a dental plan without evaluating your needs?**

Your overall health and well-being need good oral and dental health. Gum diseases and dental cavities due to poor oral hygiene can put a dent in your wallet. Both of these dental diseases are very common. According to WHO, 100% of adults and 60-90% of school-going children have at least one dental cavity. About 30% of people 65-74 years old have no natural teeth left around the world. So, it is necessary to choose a dental plan according to your dental requirements to keep your family healthy and smiling.

If you are single with no history of oral or dental diseases and have good dental health, your needs for dental plans are different from a family of four individuals. If you have to buy a dental plan for your family including your partner and two young children, make sure to keep in mind the requirements for the dental health of all family members. For example, one of your children may suffer from gum disease and the other may have a history of multiple cavities. Your partner may need orthodontic work to maintain a perfect smile. So, a family of four with many oral health issues should invest in a comprehensive and valuable dental health insurance plan to avoid more expensive and more frequent visits to dentists. For a better understanding of your dental needs, make a list of dental health requirements for you and your family. The list should contain the history of oral needs, the current requirements, and possible future dental needs for selecting the best dental insurance plan. The list should also contain the costs of your past visits to dentists and what you have already paid for different dental treatments. This will help you to evaluate various dental plans based on cost and your needs.

You can choose employer-sponsored dental plans but they are not always the right choice. You may get the plan at a lower group rate but this cheaper dental plan may not necessarily meet your needs. The dental needs of you and your family should be the priority to consider. Evaluate the dental insurance plan by examining deductions, coinsurance, and annual maximum. Choosing a good deal by doing your math and according to your situations will be fruitful. So, be choosy when it comes to your dental health. The best dental plan for your colleague or fellow may not necessarily be best for you. Do not ever ignore your dental needs.

## **2. Do not choose a plan without understanding different types of dental plan**

Do not select a dental plan without getting some knowledge about different types of dental plans to choose the best for you. Check what are the different types of dental insurance plans.

- **Preferred Provider Organizations (PPO) plan**

You can choose a dentist outside the network of organizations according to your choice. Choosing a dentist outside the network of organizations will cost you higher. You are not restricted to select only primary care dentists. This type of dental plan has coinsurance and annual deductibles. After meeting the cost of deductibles, the dental plan starts sharing the cost of treatments. This cost-sharing is part of coinsurance. Routine preventive dental care like routine cleanings, fillings, examining, and X-rays are covered 100% in the in-network plans. If you choose the network inside the network, it will cost you less. This type of dental plan is most common.

- **Dental Health Maintenance Organizations (DHMO) plan**

DHMO plans are more affordable dental insurance plans. This type of plan does not include deductibles. A fixed fee for non-preventive dental treatments has to pay for this plan. DHMO plan

covers 100% cost for preventive dental care like routine examining, cleanings, and X-rays. You have to choose primary care dentist from within the network due to which it costs less. This plan does not offer you to choose a dentist outside the network but an exception can be provided in some emergency cases. DHMO plans have local and small networks and dentists offer less cost. There is no annual maximum for covered services in this type of plan. This means that you will not run out of advantages for the year after having many covered dental services. Your dentist can also refer you to a specialist in the network according to your requirements.

- **Dental Indemnity plan**

You can get a lot of freedom in the dental indemnity plan. This is also known as a traditional dental plan. This plan does not have networks so, you do not need to worry about dentists. This plan does not restrict you see a specialist only in emergency dental cases. This plan includes coinsurance and deductibles. After meeting the cost of deductibles, costs for covered services will be shared by you and your dental plan. If you want a plan with fewer requirements and many options, a dental indemnity plan will be suitable for you.

- **Dental Exclusive Provider Organization (DEPO) plan**

You can choose specialists and general dentists in this type of plan. You are not restricted to choose primary care dentist and need referrals to see specialists. You can get coverage only by choosing a dentist inside the network. Some dental emergencies may also cover outside the network. This plan also includes coinsurance and deductibles.

- **Point of Service (POS) plan**

This type of plan consists of features of both the dental PPO plan and DHMO plan. You can choose a primary care dentist inside the network like in DHMO and select a dentist outside the network which will cost you more as in DPPO. If you are choosing a dentist inside the network, go for a DHMO plan instead of a POS plan because it is expensive.

### 3. Do you know what is covered in your dental plan?

Do not go for a plan without checking what is covered in the plan. Coverage may vary depending upon the cost of the plan. Check out the following terminology to completely understand the coverage of different plans.

**A deductible** is a cost you have to pay before your insurance plan starts to pay. DHMO plans have no deductibles but dental PPO plans include deductibles.

**Coinsurance** is the cost percentage that is shared by you and your plan after meeting the cost of deductibles. You have to pay the full fee for dental treatments and services in those programs that do not include deductibles.

**The annual maximum** is the set amount paid by your plan in a plan year for the dental services you receive. If the cost for your dental services goes over the annual maximum, you will be responsible to pay for it.

**Premium** is the monthly cost you pay for your dental plan. A lot of choices are offered by DPPOs due

to which they have higher premiums.

Different types of dental services are available in various types of dental plans. For example, periodic examination, dental cleaning, filling, X-rays are included in routine care. Routine preventive care may include dental services to prevent cavities and gum care etc. Broken or cracked teeth and teeth extraction due to accident include in emergency care. Complex care services of dental plans include dentures, bridges, braces, and orthodontia. Many plans provide a coverage structure of 100-80-50. This means that 100% of the cost is covered for the services of preventive care, 80%, and 50% coverage is provided to basic procedures and major procedures, respectively. The coverage of different plans may be different because some procedures are not covered in all plans.

#### **4. Do not choose without a background check**

Teeth are a person's important asset and they are limited. Only a single set of adult teeth grow throughout your lifetime. Make sure to select a good dental insurance plan and evaluate different specifications of the plan before finalizing it. Background checks help you to decide easily.

- If you are considering a dental plan and you do not have any preferred dentist, you can select one from the provided network of the insurance company. Check the educational background and credentials of the orthodontist. The educational background of the dentist will provide you adequate information because some colleges offer valuable dentistry programs while others do not. Check the degrees, certificates, and diplomas of the dentist to evaluate if he can perform surgery or not.
- Check the online reviews about the services of both dental insurance plans and the preferred dentist. Online reviews help you to determine the quality of the plan and the previous jobs of the dentist. If previous clients seem to be satisfied, you can also easily trust them.
- Cheap plans look attractive but do not let the low price drive you to a bad decision. Some plans may overcharge but they do not compromise to provide you the best services. Cheap plans may provide you cheap services so, avoid these.
- If you are buying a dental plan for your family, always consider the choices of your family. Make sure that your family should be comfortable with the dentist because they have to visit the dentist at least once every six months.
- Always question the perks and benefits provided in the plan. This will save you money and keep you healthier. All the plans do not offer gum treatment for diabetics and pregnant women. If you belong to any of these groups, make sure to confirm coverage.
- Some dental plans have a waiting period. It is the period after the effectiveness of a dental plan and before your dental care procedures have started. If you want your filling done sooner, do not go for the plans with the long waiting period.

#### **5. Not questioning about network size and network saving**

Questioning about network size and network saving is important to choose the best plan for you. If you do not check the network size of the plan, you may regret it in the future. The value of a dental plan depends upon the reliability of dental networks. There should be more discount rates and fewer dental services fees in the selected plan. If a dentist costs more than other dentists for different dental services and a dental plan is not offering discounts, it will increase the cost of a dental insurance plan. Insurance carrier contract with many dentists to make a dental network. Dentists provide discounts on their services for the customer of dental insurance plans called dental discounts. Different dental

networks are associated with an insurance company. Some offer good discount rates than others. Generally, the best discounts are provided by PPO. Always question about network size and network saving before finalizing the plan. You can also question the dental insurance organizations to reduce the cost.

The majority of the services are provided by dentists within the network and very limited coverage is provided by the dentists outside the network. If you want to get dental treatment and services from a specific dentist, make sure he/she is present in the network or not. If you do not treatment from a specific doctor, you can find a dentist in the network who can understand your requirements. Make sure that plan is offering different options near your home to get you satisfaction. Your dentist should have good communication skills to give you the best advice and recommendation.

All dental plans do not offer expensive orthodontic services. When you are evaluating different dental insurance plans, make sure to check whether teeth-straightening services and braces are offered in the plan or not. If you have dental needs that demand costly orthodontic services, do not go for a cheap plan that will surely affect your cost. Make sure that your preferred orthodontist should include in the network.

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1. Insurance

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