

Learn 7 Tips for Choosing a Dental Insurance Plan

Description

Are you looking for a dental plan? If you're like most people, you don't give much thought to choosing dental insurance. But don't worry, we're here to help.



How do dental insurance policies work?

Health insurance is largely intended to protect you from large healthcare expenditures resulting from a simple emergency room visit. However, because most dental care is preventive, dental insurance focuses on assisting you in covering the lower-cost preventive and basic procedures that are most typically required.

The formula 100/70/50

Preventive care – exams and cleanings – is frequently covered at 100% (you don't even have to pay a deductible); basic operations – like fillings and extractions – are covered at 70%; and major procedures like crowns, bridges, and root canals are covered at 50%. This methodology varies, and some processes may be termed “basic” in one plan but “major” in another.

Deductibles and ceilings

Dental plans, like health plans, often include a deductible – an amount you must pay out of pocket each year before the plan begins to cover half of the costs. It is normally roughly \$50 for a single person and \$150 for a family. Finally, most plans set a yearly cap on the total amount they would pay

for care at \$1,000-\$2,000 per plan participant. Any dental bills that exceed the cap (or maximum) of your plan will be your responsibility.

Tip #1: If possible, obtain dental insurance via your employer.

If you can acquire dental care via your employer, you'll almost certainly get a better rate than you could on your own. This is because employers receive lower "group rates" — it's similar to buying in bulk. Employers who care about their employees' oral health understand that it helps them be more productive and happy. Your plan may be partially subsidized, making it even more appealing. It may also be more convenient to pay for insurance through payroll deductions. What if you can't come up with a plan at work? You should be able to discover reasonably priced options in your state's insurance marketplace, or you can purchase straight from a trustworthy insurance carrier.

Tip #2: Examine your family's ACA-compliant healthcare plan.

Pediatric dental treatment is already included in ACA-compliant family healthcare plans; unlike adult plans, which cap total benefits paid, ACA pediatric coverage caps total out-of-pocket costs but not total benefits. A second dental plan may offer some additional benefits, such as if your children require braces — a plan that covers orthodontics may be worthwhile (see Tip #3).

Tip #3: Consider how much dental care you and your family require.

Insurance companies will have various plan levels, but don't assume that the cheapest plan is the best value. Instead, examine what is covered, such as fluoride treatments, orthodontists, implants, and so on.

If you believe you may require a crown or root canal, a higher-level plan is worth investigating. And if you have children who require orthodontic treatment (i.e., braces), it may be the most cost-effective option in the long term.

#4: Search for a large dental network.

It might not be easy to compare one plan to another based on factors such as reimbursement levels, especially if you don't know what kind of treatment you'll require in the future. However, the most frequent types of plans, known as Dental PPOs (DPPOs), have an easier to evaluate provider network: the broader the network, the better. The Guardian DPPO network, for example, includes over 120,000 dentists in over 430,000 locations. That implies your dentist is more likely to be in-network. If this is important to you, check with your dentist to discover which plans they accept before getting coverage.

Tip #5: Look into network discounts.

Although a DPPO plan allows you to see any dentist, it is nearly always worthwhile to attend an in-

network dentist because the insurance company negotiates lower payments on your behalf. For example, if your dentist normally costs \$100 for a filling, you may only be charged \$60-\$70 if you're in-network – even if you haven't met your deductible yet. Guardian's DPPO discounts average 37.2 percent – more than the industry average – and potentially save you even more money.

Tip #6: Learn about the wait times for important operations.

Dental insurance features “waiting periods” when they will not pay for certain procedures. However, some plans have shorter waiting periods than others), so if you believe you'll need work soon, it's a good idea to shop around and see which operations have a waiting time.

Tip #7: Don't have a preferred dentist? Take into account a DHMO/Managed Dental Care Plan.

You may have heard of Dental HMOs, often known as DHMOs. Unlike most DPPOs, a DHMO requires you to see an in-network dentist. Because their networks are limited, you may not be able to see your present dentist and may have to travel a little further to find one. What's the advantage? Lower rates and a more straightforward charge structure.

How much does dental insurance cost – and where can you obtain a quote?

Expect to pay \$300 to \$600 per year for an individual DPPO plan and 2x-3x for a family plan, depending on your age, plan level, and location. A DHMO will be less expensive, as will a group rate plan obtained through employment or an association.

If you can't acquire coverage at work or missed the enrollment period, you can try your state's health insurance exchange, where you may be eligible for a premium subsidy based on your income. Alternatively, many insurance companies allow you to buy directly from their website.

Frequently Asked Questions About Dental Insurance

Is it worthwhile to pay for dental insurance?

Even if you never go to the dentist, dental insurance, like many other types of insurance, can help you decrease your financial burden if you need major treatment, such as a bridge or root canal. Another advantage of having dental insurance is that it significantly reduces the cost of basic and preventive services such as cleanings and fillings. This motivates people to address problems as soon as they arise and helps them save money in the long run. For example, an untreated cavity that costs an average of \$1702 can cost up to \$900 if a root canal is required.

What can I do to avoid the need for costly dental care?

Take precautionary steps at home. For example, brush your teeth twice a day for two to three minutes,

floss regularly, and use mouthwash. Most essential, if you see indications of a dental condition, seek treatment as soon as possible before it becomes a more significant – and costly – problem.

What are my choices for care if I don't have dental insurance?

You don't have to give up your alternatives just because you don't have dental insurance. When you have a dental emergency, try these solutions:

Dental schools include: Under the supervision of certified dentists, dental schools provide professional work by students at little or no cost. A clinic in your neighborhood may collaborate with one of these colleges to provide uninsured patients with affordable care.

Clinics that are free or subsidized by the government: Do an online search to check if there are any free or government clinics near you. Many dentists and dental professionals offer their services to those in need at no cost.

Payment options: Many dentists offer payment plans to make dental care more accessible or supplement existing dental policies. Often, interest is not included in these arrangements. Inquire with your dentist about the options available.

Charity or community activities: Many cities organize healthcare events to provide low-cost dental care. Keep an eye out for such events in your area.

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