DENTAL MADE SIMPLE

About Boone Insurance Associates

- Boone Insurance Associates provides health and life insurance products to clients all over Oregon. WE specialize in Medicare, Group, Individual, Dental and sell Short Term Medical and Travel Insurance.
- We work directly with the companies to resolve any of your claim, benefit, & premium questions.
- Unlike a captive insurance producer who represents that insurance company alone, we are independent of a specific insurance company and represent a variety of different companies and products.
- Boone Insurance Associates provides this educational program today to help inform you. There is no obligation for you to purchase services from us.

"**Our pledge is to provide our clients with superior customer service and product knowledge in order to guide them in making the most informed decisions."**

BIA

Basic Dental Terminology

- **Deductible:** A specific dollar amount that your health insurance company may require that you pay out-of-pocket each year before your dental insurance plan begins to make payments for claims.
- **Copay:** A fixed amount ($20, for example) you pay for a covered dental service after you've paid your deductible.
- **Coinsurance:** Coinsurance is typically expressed as a percentage of the charge or allowable charge for a service rendered by a dental provider. For example, if your insurance company covers 80% of the allowable charge for a specific service, you may be required to cover the remaining 20% as coinsurance.
- **Annual Maximum**: Dental plans typically have a certain amount the plan will pay out annually. All services you use will apply to this annual maximum. Generally speaking this amount will range from $750 to $1500.
- **Waiting Periods:** Some carriers and/or plans will allow enrollment any time during the year but certain benefits will be subject to a 6 or 12-month waiting period before services will be covered.

BIA

Terminology Continued…

- **UCR (Usual, Customary, Reasonable):** The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.
  - **How does a UCR-based plan work?** For example, a member visits an out-of-network dentist for a root canal and the member's PPO plan covers the root canal at 50 percent of the procedure cost. The insurer's UCR rate for this root canal is $1,500. If the dentist charges $1,000 (which is BELOW the UCR rate), the plan will pay $500 (50 percent), and the member must pay the remaining $500, assuming that the member has met their deductible for the plan previously.
  - What if the dentist charges more than the insurer's UCR value? Let's assume the dentist's charge is $2,000. The member's insurance plan will still cover the procedure at 50 percent, but since the insurer's UCR rate is $1,500, the plan will pay $750. That means the member is responsible for coinsurance of $750, and the remaining $500 balance—a total of $1,250.
- **MAC (Maximum Allowable Charge):** The fees, on which program deductibles, maximums and coinsurance percentage are based, that a dental program will reimburse a dentist for a service as defined by contract. This is the amount that can be charged back to patients.
  - **How does a MAC-based plan work?** Using the root canal example from before, the dentist is charging $1,500, and the member's plan still covers the procedure at 50 percent. The insurer's in-network negotiated fee for the root canal procedure is $900, so the plan will pay $450 toward the $1,500 procedure. Now, the member is responsible for a $1,050 balance.

Dental Benefit Table

- **Class 1 Services**
  - **Exams, X-rays, cleanings, preventative services**
- **Class 2 Services**
  - **Fillings, space maintainers, typically lower level dental work**
- **Class 3 Services**
  - **Bridges, root canals, crowns, typically higher level dental work**

Benefits will vary with each carrier. Listed above are general examples.

BIA

Types of Plan Networks

- PPO- Preferred Provider Organization
  - Dental preferred provider organizations are managed care organizations with a network of dentists under contract with a dental insurance carrier. This network of dentists provides dental PPO insurance plan members with special rates on dental care. The rates are usually lower if the insured member selects a primary dentist and/or dental specialists from the dental PPO network, but the insured individual still has the freedom to choose a dental care provider outside of the established network.
- HMO-Health Maintenance Organization
  - HMO dental insurance plans have networks of dentists under contract with the dental insurance company that offer dental services to insured members at pre-determined rates. The dental HMO will not provide a reimbursement if the insured sees a dentist that is not in their network. People insured with HMO dental insurance plans must select a primary dentist from a pre-approved list. All referrals to dental specialists must be provided by the primary dentist.

Other Types of Plans

- **Indemnity Plans**: Dental indemnity insurance plans are fee-for-service insurance plans that require insured members to pay dentists directly for dental services rendered. People covered by dental indemnity insurance receive compensation from the insurance company by submitting claim forms.
- **Escalating Plans**: With this option, members have a benefit that grows stronger each year – automatically. And with additional money available for eligible covered expenses, members who use their dental benefits can often save more as their maximum increases. These plans often incentivize members to receiving routine preventive care by paying more for care during the next benefit year.
- **EPO Plans (Exclusive Provider Organization)**: As a member of an EPO, you can use the providers within the EPO network but cannot go outside of the network for care. Generally these plans partner with one specific dental group. Most often, the care you receive isn't limited by a maximum dollar amount and have no annual deductibles. You are charged copays for visits and services.

Enrollment Periods

- **Year-Round Enrollment:** Some carriers will allow enrollment in a dental plan any time during the year. In most cases, the plan will be effective on the first day of the month following application.
- **OEP (Open Enrollment Period): November 1-December 15**
  - Some carriers only allow enrollment and/or changes during this time frame each year
- **SEP (Special Election Period): Any time during the year as long as you have a qualified event such as:**
  - Loss of Employer Coverage
  - Marriage or Divorce
  - Birth or adoption of a child
  - Death
  - Move
  - Release from Incarceration
  - Change in Medicaid Eligibility

Dental Insurance Planning: Next Steps

- **Look at three basic factors to weigh when choosing a plan:**
  - **Cost – Compare the annual maximum amount the plan offers with the premium amount you will pay per year.**
  - **Providers – Is my provider in or out of network?**
  - **Benefits – Does the plan offer you the coverage and benefits you need and what are the copays or coinsurance?**
- **Contact our office to assist you with finding the right plan**

BIA