



Dental insurance can be complicated and confusing. Unlike medical insurance that binds you to a minimum out-of-pocket cost, dental plans offer an **annual maximum benefit**, which is a limit on your insurance benefits. On average, this benefit is typically between \$1000 - \$3000 per year, and usually does not roll over to the following year. With December 31st drawing near, we want to remind you to take advantage of any remaining annual benefits before they expire.

WHAT IS THE DIFFERENCE BETWEEN A "DMO" AND "PPO" PLAN?

Dental Maintenance Organizations (DMO)

DMO plans are very similar to Health Maintenance Organization (HMO) plans for health insurance. These plans connect you with a network of providers for discounted rates, but guarantee benefits only if you see one of their contracted dentists. While these policies may be more affordable than a similar PPO plan, they greatly limit your freedoms in choosing a primary care dentist or needed specialist from their restricted network.

Preferred Provider Organizations (PPO)

Similar to DMOs, most PPOs have a network of contracted providers, however, you as the patient have the power to choose which dentist you want to see. PPO plans grant you the freedom to visit any dentist and often don't require a referral when needing to see a specialist, whether that provider has an "in-network" or "out-of-network" relationship with your PPO plan.



SHOULD I CHOOSE AN "IN-NETWORK" OR "OUT-OF-NETWORK" DENTIST?

Nearly all dental insurance plans provide a list of contracted providers they suggest their patients visit. A common myth regarding dental insurance is that you must always choose a provider from your policy's network. Whether you choose an in-network or out-of-network dentist, there are advantages and disadvantages in each option:



Choosing an In-Network Dentist

Advantages:

- Your out-of-pocket costs will likely be lower compared to out-of-network providers due to contracted rates with your insurance company.

Disadvantages:

- There is no guarantee that you'll have zero additional costs, as a copay or deductible may still be required at the time of service depending on your treatment.
- Treatment decisions may be restricted based on what your insurance will cover, regardless of if it's the best option for your health.
- Your ability to choose a dentist is limited to those offices that have agreed to the rates preset by your insurance company.
- Once you do find a great dentist in-network, they may not stay in-network. The list of preferred providers changes regularly as insurance companies routinely negotiate for lower rates.



Choosing an Out-of-Network Dentist

Advantages:

- You can choose a dentist based on your family's priorities, rather than those of your insurance company.
- For some insurances, your carrier will fully match your in-network benefits with an out-of-network provider, and most will pay at least a portion of your treatment benefit to an out-of-network provider.
- Almost all out-of-network providers will work with your insurance and submit claims for treatment on your behalf.

Disadvantages:

- Out-of-network dentists don't have contracted prices, so it's important to confirm your out-of-pocket costs before undertaking treatment so you know what to expect.

HOW DO I KNOW WHICH OPTION IS BEST FOR ME & MY FAMILY?

Regular dental treatment is a universal necessity for good oral and overall health. Although it can be tempting to find unconventional ways to save money, one thing you never want to skimp on is quality care. Ask yourself these questions to help guide your decision:

Do I have a preferred dentist?

Insurance or no insurance, patients who have found a dental practice they trust are far more likely to go to the dentist regularly. Once you have found a dental team you love, ask what insurance companies they work with to see if your employer sponsors a PPO plan that you like. If not, ask your dentist if they offer an in-house wellness plan that may be more affordable than traditional insurance.

How much treatment might my family need?

It can be difficult to calculate what dental procedures you'll need, much less the needs of your entire family. Instead, look back at the expenses you've had in the past year or two and compare your premiums, deductible, and out of pocket costs to what your favorite dentist charges for the same services without insurance.



DENTAL INSURANCE: YOUR NEXT STEPS



Don't let your confusion about dental insurance keep you from the healthy, long-lasting smile you deserve. Speak to your favorite dental team today to learn about their in-house wellness plan or for help evaluating the pros and cons of traditional dental insurance.