

## Looking for Private Dental Insurance? Here are some tips:

First, ask yourself some questions:

1. Have you had a good dental history - meaning no significant history of decay or major dental work?
2. Do you currently have any recommended major treatments, such as crowns, bridges, implants, dentures, etc., that you might need financial assistance in paying? Or, do you currently have any of the aforementioned that may need to be replaced at some point?
3. Is the out-of-pocket cost of your typical yearly dental treatment less than that of your yearly premium for good coverage under a dental insurance plan?

Answering these questions will help you determine if dental insurance could be of financial assistance to you in your future dental health, or if it is over and above what you would pay out of pocket. Thinking about these things will help you decide if you want to pay out-of-pocket for routine dental maintenance, and take the chance that if something major occurs, that you would be prepared to pay for it in full at the time of service. This decision is always a personal financial choice, and with the changes in Health Coverage and Insurance in the last few years, it has made the insurance market very unpredictable, forcing people to think about what coverage they need, and don't need.

## If/When you are choosing dental insurance coverage, please keep the following things in mind:

1. The old adage "You get what you pay for" is always true, and especially when it comes to dental insurance. There are hundreds of dental plans out there, and they are changing all the time. Typically, though, there are a few plans that always draw people in, but may not be practical plans, and can be a waste of money.
  - a. A **GOOD** dental plan typically covers **100% of preventative maintenance** (exams, cleanings, x-rays, sealants and fluoride treatments), **80% of restorative procedures** (fillings, and sometimes extractions), and **50% for any major work** (crowns, implants, bridges, partials and dentures). Keep these percentages in mind when looking for coverage you may have been accustomed to under an employer's plan. As with any insurance coverage, the more you pay, the more you get, so these plans tend to be the highest in premiums.
  - b. Beware of what are called "Skinny Dental Plans". A lot of insurance companies will tell you that your health insurance includes dental. What they really mean, is that they cover about half of **ONLY** routine maintenance. For instance, the most popular plans will pay a specific amount (usually about 50% or less) of 2 exams and 2 cleanings per year. That's it. No more. Make sure you know what and how much coverage is offered with these types of "bonus" plans.
  - c. Look out for plans that have a "waiting period" on any service. For instance, they will not cover any major work in the first year(s) of coverage. You may need immediate treatment, such as a root canal and crown (about \$2000 total) in the first year of coverage, and even though you're paying for dental coverage, your carrier will tell you there is a year's waiting period for these treatments, and they will not pay for them until that time has passed. These can be decent plans, but just be aware.

2. There are also many “tiered” dental insurance plans, which start out with less coverage in the first year, and then increase the amount, or percentage of coverage over each subsequent year. This is not a bad option, but just be aware that the first couple of years will include little to no coverage for much of your dental treatment and work.
3. There is also a misperception that Medicare includes a dental plan/coverage. Medicare, on its own, does not cover dental, but Medicare recipients may add (at an additional premium/cost) a SUPPLEMENTAL dental plan. Do not assume that because you are now on Medicare, that it covers dental. This is not true.
4. If you would like to continue your dental care with us at Mauldin Family Dentistry, please understand that we are not IN NETWORK with any insurance providers – meaning, we have not contracted with any insurance companies for specific pricing structures and treatment terms. Unfortunately, some of the more “value” priced plans do not include coverage or payment unless you go to one of their contracted providers, or “in network” providers. Make sure that you ask if the coverage you’re applying for includes coverage of “out of network” providers. This is important not only for our office, but many of the specialists to which we may have to refer you, such as Endodontists, Oral Surgeons and Periodontists. Most of these specialists also tend to be out of network. Keep in mind that when a patient chooses to go to an out of network provider, the patient will be responsible for paying the difference between the insurance carrier’s “approved amount” and what the out of network provider charges, if there is one.

***Please know that this document is meant to aid you in making decisions related to dental coverage, and to understand what type of insurance you may be getting, as there is a lot of fine print to any plan. By providing this document to you, we are in no way endorsing or rejecting dental insurance, or any particular plan. This is a personal choice, and one that depends on your financial situation and the condition of your personal dental health.***

When making your decision, please know that Mauldin Family Dentistry offers many different payment options and terms, which we are happy to discuss at any time. If you are unsure of how to pay for recommended treatment, please speak to our knowledgeable front office staff, Laura or Cindy, about your options before denying yourself of good dental health and a great smile. We wish nothing but the best for you, and we want to help you get there.