

How The Fine Print Works

Table 1:

What if the roof on your home was leaking? Here's how "dental insurance" might handle the problem. The following common clauses are hidden in many dental benefit contracts:

Least Expensive Alternative: You want better products and workmanship, but insurance pays only for the most basic job. Insurers are *not* saying you should not get the better work, or denying that it is superior; just that they won't pay for it.

Bundling: The wood under your roof has rotted & replacement will entail extra costs. Insurance ignores the extra work by "bundling" it into your roof benefit. You must bear the additional expense.

Pre-existing condition: Your roof was damaged before you got insurance. Coverage will be denied.

Medical Necessity: You need a new roof, but your contract's language specifies that insurance will pay only for a "patch". You must pick up the difference.

Frequency Limitation: You patch the roof, but it fails 2 years later. Your contract says they will pay once every 5 years. Coverage denied.

Fees & Percentages: You have 50% coverage for a new roof. You get several estimates - all in the \$4,000 range, yet your carrier's fabricated fee is only \$3,000. They will pay 50% of \$3,000 (\$1,500), not 50% of the actual cost.

Maximum: Your plan has a \$1,000 maximum. The most your carrier will pay is \$1,000; even if that is less than 50% of their fabricated fee.

Better Plans: Your neighbor has the identical roof & problem, but a better insurance plan. The same carrier will pay more for his job than for yours.

Need Versus Contract Language: Your roof is unusually difficult and costs more. You protest and send a letter to your carrier for a higher reimbursement. Your request will be denied. Coverage is based solely on the legal language in your contract; not your health needs.

Dental Insurance Terms

Table 2:

Dental insurance provides wonderful benefits. However, there are several confusing provisions in the "fine print" of most contracts. Some common terms to know:

◆ **Deductible:** How much you have to pay before your insurance begins to kick in. (Commonly \$50)

◆ **Maximum:** The most you can spend of your insurance company's money each year. (Usually \$1,000-\$1,500)

◆ **UCR Fees:** The artificial fee your carrier assigns to each dental procedure. When your plan "says" it will pay 80% for a filling, it will pay 80% of this artificial fee, not what any dentist charges. Insurers refuse to disclose how they fabricate these fees, and there are virtually no regulations governing whether they are fair or realistic.

◆ **Categories:** Carriers often present percentages based on 3 "categories" of services:

1. **Diagnostic:** Exams, X-rays, simple cleanings—usually covered at 80–100% of the insurer's fabricated fee.
2. **Basic:** Fillings, Root canals—usually covered at 60–80% of the carrier's assigned fee.
3. **Major:** Crowns, Bridges, Dentures, Gum treatment—usually covered at 0–50% of the artificial insurance fee.

◆ **Exclusions:** Dental treatments that are not covered. Common examples include cosmetic services, treatments for gum disease, implants & bite therapy. Over half of all the dental codes are excluded from most contracts.

◆ **Alternative Benefits:** If there are several ways to fix your dental problem, your carrier will pay for the least expensive option, even if you pick better care.

◆ **Pre-existing conditions:** Dental problems that existed before your benefits became effective. Treatment may not be covered.

What Does My Insurance Cover?

How to understand your dental insurance, maximize your benefits & avoid common mistakes!