



Does my insurance cover this?



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It can be very difficult to understand your dental insurance plan. Insurance plans are often confusing, but first things first. Your employer has selected your plan and negotiated its benefits and limitations with the insurance company. Your insurance plan can *help* you pay for necessary dental treatment.

It is important to know that each contract will specify what types of procedures are considered for benefits. **Even if a procedure is medically and dentally necessary, it may be excluded from your contract. This does not mean that you do not need the procedure.** It simply means that your plan will not consider the procedure for payment. For example, cosmetic procedures and implants are often excluded from a dental plan.

Consider this: medical, life, disability, auto and homeowners insurance all require either an exam or a background check. However, dental insurance does not. So whether you need minor or major dental treatment your plan is the same and negotiated by your employer without a personalized exam.

It is a mistake to let benefits be your sole consideration when you determine what you want to do about your dental condition.

We are going to explore some

of the most common questions relating to dental insurance.

Why doesn't my insurance cover all costs for my dental treatment?

Dental insurance isn't really insurance at all. The definition of insurance is a benefit to cover a loss. Dental insurance is actually a money benefit typically provided

"Dr. Nogalo and her assistants were wonderful to work with. They are very concerned, caring, and professional. Our teeth have never looked so good! We've had a wonderful experience and will continue coming to this dental office." Dick and Sharon Siko

by an employer to help their employees pay for routine dental treatment. The employer usually buys a plan based on the amount of the benefit and how much the premium costs per month. Most benefit plans are only designed to cover a portion of the total cost.

But my plan says that my exams and certain other procedures are covered 100%.

That 100% is usually what the insurance carrier *allows* as payment toward the procedure, not what your dentist or any other dentist in your area may actually charge. For example, say your dentist charges \$55 for an examination (not counting X-rays). Your carrier may allow \$50 as the 100% payment for that examination, leaving \$5 for you to pay.

How does my insurance carrier come up with its allowed payments?

Many carriers refer to their *allowed payments* as UCR, which stands for *usual, customary and reasonable*. However, *usual, customary and reasonable* does not really mean exactly what it

sounds like. UCR is actually a listing of payments for all covered procedures negotiated by your employer and the insurance company. This listing is related to the cost of the premiums and where you are located in your city and state. Your employer has likely selected an *allowed payment* or UCR *payment* that corresponds to the premium cost they desire. UCR payments could be more

accurately called *negotiated payments*.

I received an Explanation of Benefits from my insurance carrier that says my dental bill exceeded my usual and customary. Does this mean that my dentist is charging more than he/she should?

Remember that what insurance carriers call *usual and customary* is really just what your employer and the insurance company have negotiated as the amount that will be paid toward your treatment. It is usually always less or even much less than what any dentist in your area might actually charge for a dental procedure. It does not mean that your dentist is charging too much.

Why do I only get a certain amount of benefits each year?

Maximums limit what a carrier has to cover each year. Assigning an annual maximum helps the insurance company keep costs down. Amazingly, despite the fact that costs have steadily increased, annual maximum levels for dental care

have not changed in several decades.

Why won't my insurance pay anything toward some procedures, such as X-rays, cleanings, and gum treatments?

Your plan contract specifies how many of certain types of procedures it will consider during a year period. It limits the number of X-rays, cleanings, and gum treatments it will cover because these are the types of treatments that many people need to have frequently.

I know that my insurance plan doesn't go into effect until next month. Why won't my dentist do my treatment today, but send in

the claim next month so that the insurance will pay?

State laws regulate these issues. It is insurance fraud to change the dates of service on a claim. Both the patient and the dentist can be prosecuted.

Why doesn't my dentist participate in my dental benefits network plan?

Some plans require that the network dentists observe restrictions to treatment. Many dentists are not comfortable with this because they feel they are the best person to determine necessary dental treatment.

If you have further questions about your dental insurance plan please call our office.

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