

DENTAL INSURANCE

Having dental insurance coverage can potentially reduce one's exposure to paying out-of-pocket expenses for dental care services. As with other insurance policies, the insured pays a premium for coverage. Since most policies cover regular check-ups and x-rays, it is mainly beneficial to have this coverage in the event that other procedures need to be done. There are two main types of dental insurance plans: indemnity plans and managed care plans.

INDEMNITY PLANS

The insured selects their dentist and pays on a fee-for-services basis. The insurance company pays a certain percentage of the dental care and the remaining portion is the insured's responsibility.

With most indemnity plans, some specific procedures are limited and others are excluded. There is also a maximum annual dollar amount limit to your coverage.

ADVANTAGE

- These plans provide flexibility as the member can see the dentist of their choice anytime and anywhere.

DISADVANTAGES

- The dentist has the freedom to set their own fees and those could be higher than fees that are set by an insurance company.
- Depending on the treatment needs, the insured's out of pocket expenses could be more than with other plans.

MANAGED CARE PLANS

Many prefer managed care plans as these plans tend to have lower costs than indemnity plans. The member selects out of list of providers, and will not have to pay dental fees upfront. The insurance provider will pay for some fees and the dentist will offer special discounts to the insured as part of their coverage. There are three types of managed care plans:

- **Dental Preferred Provider Organization (DPPO) Plans**

This type of insurance plan uses a group of dentists who are part of a network and have each agreed to pre-determined rates set by the insurance company for dental care services. With this plan, members can see dentists out-of-the-network, but it will often cost them more in out-of-pocket expenses.

- **Dental Health Maintenance Organization (DHMO) Plans**

The member selects a primary care dentist within a network and the dentist receives a monthly fee whether or not the dentist provides services since the insurance company makes prepayments to them. The insured may be subject to co-payments for visits or your standard preventative care may not require any co-payment, depending on the rules of your plan. If the insured needs coverage that the primary dentist does not offer, the dentist will refer them to a specialist.

- **Dental Point of Service (POS) Plans**

This type of dental insurance offers the option of using a dentist who is in- or out-of-the network. When the member initially signs up for a POS plan, they decide which type of dental care professional will see, and they can make changes to this at any time. In most cases, patients will pay more for using dentists who are not part of a network.

ADVANTAGES

- Since managed care plan do not have deductibles or on upfront payments in most cases, members will likely pay less for dental services.
- Given that members use dentists in-the-network, there will be little paperwork to be completed by the insured.

DISADVANTAGES

- The member has to select a dentist from a list of in-network providers and depending on how extensive the network of dentists is, one may have a difficult time finding a dentist with the specialization and experience they would prefer.
- When traveling, insured may be responsible for all dental costs if they are not able to find an in-network dentist.

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