

Your Dental Insurance

At Island Dental, our number one role is to help you take good care of your teeth and treat any problems or potential problems before they become larger health concerns. Though we are out of network providers, we will file all claims with your insurance company. Our office strives to exceed your expectations and we believe one thing that sets us apart from other offices is the effort and attention we give you in helping you minimize the costs of your dental visits.

We will verify your eligibility prior to your appointment and alert you to a potential problem prior to performing services.

We always present you with an estimate of all treatment that is needed before performing treatment.

We do our best to understand your plan benefits and take those into consideration when presenting you with a treatment estimate.

We may present several options and discuss the differences in each as they relate to your health and insurance coverage so that you can choose what is best for you.

We bill your insurance and provide supporting documentation as a courtesy to you.

We will even follow up and correspond with your insurance carrier if they deny payment for a service that we feel should have been covered based on your benefits.

We do ask that you understand what we are presenting is the best good faith ESTIMATE given all the knowledge and preparation we have and there may be instances where the insurance company pays less than estimated and you will be responsible for the difference.

Understanding Your Dental Benefits

If your employer offers dental insurance consider yourself fortunate. While this benefit can greatly reduce the cost of dental care, no dental insurance plan is set up to cover all of your costs.

It's important to understand how these benefits work...and how our office will work with you to help you realize these benefits.

Almost all dental plans are the result of a contract between your employer and an insurance company. The amount your plan pays is agreed upon by your employer with the insurer.

Unfortunately, your coverage is not based on what you need or what your dentist recommends. If you find your coverage to be unsatisfactory, chances are your co-workers have a similar experience and you should let your employer know.

Least Expensive Alternative Treatment (or Least Cost Alternative)

All of the insurance plans we've ever worked with have this limitation in some form or another. The bottom line here is that if there is more than one way to correct a problem with a tooth, the insurance plan will only pay or "allow costs" for the least expensive option. This is not necessarily what is best for you or necessarily what you may want in your mouth. For example, if you need a filling in a tooth, the least cost alternative calls for us to do an amalgam (or silver) filling. While that may have been the acceptable treatment decades ago, due to advances in dentistry and what we know about amalgam, our office (and many others in the United States) no longer perform amalgam fillings. Another example calls for a crown as a least cost alternative versus an onlay. In many cases we believe an onlay is the best treatment for the patient as there is less degradation of the natural tooth. When we present you with a treatment plan we will point out these limitations in coverage, show you the costs for both options so you may choose what is best for you.

UCR – Usual, Customary, and Reasonable Charges – these are the maximum amounts that will be covered by the insurance plan.

UCR often does not reflect what dentist usually charge in a given area.

Insurance companies can set whatever they want as "UCR". The "UCR" of one insurance carrier is unique to that carrier and can stay the same for many years. They are not required to raise them annually or keep up with cost of living.

Insurance carrier are not required to disclose how they set their UCR rates. Each company has it's own formula.

Annual Maximums

This is the largest dollar amount that the dental plan will pay out annually. Your employer makes the final decision on maximum levels of payment through the contract with the insurance company. If you feel your maximum level is too low to meet your needs ask your employer to look into plans with higher annual maximums. If your treatment plan exceeds your plan maximum, our office will work with you to create a balance of treating severe issues utilizing your plan maximum and postponing treatment that is less urgent for a new plan maximum year.

Pre-Existing conditions

Most plans do not cover "pre-existing conditions" for example; replacing a tooth that was missing before your effective date of coverage. Although not covered, you may still need treatment to maintain your oral health.

Plan Limits

Most dental plans have limits on they number of times it will pay for a certain treatment.

For example, most insurance companies only cover 2 cleanings per year. Every patient is unique. There are some

people who genetically produce more tartar than others and require more than the allowed 2 cleanings per year just to maintain good oral hygiene. This is common and we would like you to be aware of your plan limits but hope you choose what is in best for your health.

One important distinction between plan limits are the phrases: 2 per year versus once every 6 months. Our office understands this nuance and will schedule your checkup and cleanings to minimize your out of pocket costs.