



Dental Insurance

WHAT YOU NEED TO KNOW

Dental insurance is meant to help offset the cost of treatment, not pay for it entirely. Most dental insurance covers up to 100% of preventative visits, up to 80% of restorative, and up to 50% of major work.

We are unrestricted providers for most dental insurance plans and are considered in-network for Delta Premier and most Health Partners Open-Access plans. We are happy to submit claims on your behalf if your carrier allows us to do so.

WHEN YOU NEED TREATMENT

Your doctor makes treatment recommendations based upon the severity of your condition and his/her professional judgment. Insurance companies determine coverage based on their financial interest.

When treatment is recommended by your dentist, we make every effort to calculate your out-of-pocket costs as closely as possible. As an added service to our patients, we occasionally check plans and use this information to provide out-of-pocket estimates for treatment.

Insurance companies do not guarantee payment until after treatment has been completed and submitted to the insurance company. The final decision on coverage always rests with your insurance provider.

YOUR INSURANCE BENEFITS

Contact your employer's human resources department or your insurance company for more details. Five key areas to know your benefit level are:

1. **Plan Year:** Does your insurance follow a calendar year? If not, what month and day does your plan year start and end?
2. **Yearly Maximum:** What is your annual maximum benefit dollar amount?
3. **Waiting Periods/Age Limits:** Are there any waiting periods for benefits to begin or age limitations?
4. **Frequencies:** How often does your plan cover cleanings, exams, films, fluoride, and sealants?
5. **Percent Coverage:** What percent does your insurance cover for:
 - Preventative/Diagnostic?
 - Basic Restorative?
 - Major Restorative and Prosthodontics?

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