

Individual Dental Policies

Medicare does **not** cover most routine dental care (check-ups, cleanings, x-rays, treatments, fillings, removal or replacement of teeth or structures).

Most individual Dental Insurance policies and Dental Discount Plans

Do not provide catastrophic coverage

Can be purchased at any time

Do not look at preexisting conditions

Have dental network restrictions (except Traditional)

Have waiting periods for many procedures (Dental Insurance only)



DENTAL INSURANCE PLANS

Total maximum benefit ranges from \$1000 to \$1500 per year.

Average deductible is \$50 to \$100.

Dental procedures are divided into three areas of coverage for payment purposes.

- **Preventative Care** - includes checkup and cleanings, usually covered at 100%
- **Basic Procedures** - includes fillings, root canals and treatment for gum disease, usually covered at 80%
- **Major Procedures** - includes crowns, bridges, inlays and dentures, usually covered at 50%, with waiting period of 6 – 12 months.
- **Not Covered** – Teeth whitening, veneers, gum contours

TYPES OF DENTAL INSURANCE PLANS

Traditional Fee-for-Service (Indemnity)

- Allows you to see any dentist
- Generally has the highest premium and fees
- Dentist may take assignment and file the claim with your insurance, or you may have to file your own claim

Preferred Provider Organization (PPO)

- Most common individual dental insurance policy
- Must use a network dentist for lower fees and premiums
- If use out-of-network dentist, will be charged higher fees, or may not be accepted

Dental Health Maintenance Organization (DHMO or DMO)

- Lower monthly premiums and fees than PPO's or Traditional Insurance.
- Assigned to or select an in-network dentist and/or in-network dental office
- No coverage outside of the network.
- May have no 'total maximum benefit' restriction, but have restrictions like pre-existing condition clauses, frequency of services and least expensive treatment.

DENTAL DISCOUNT OR SAVINGS PLANS

- Not dental insurance – it is a membership plan
- Monthly membership fee usually lower than dental insurance premiums (may be required to pay entire annual membership before covering some procedures)
- Discounts of 10% - 50% on average dental care rates
- Generally pay higher fees for services than with dental insurance
- Must use participating dentists
- Usually no deductibles, no waiting periods and no ‘total maximum benefits’.

THINGS TO CONSIDER

- What dental insurance or dental discount plans does your dentist accept?
- Does your Medicare Supplement company offer dental insurance to purchase?
- Does your Medicare Advantage plan include dental coverage? (Most plans offer only Preventive procedures.)
- What are your average dental expenses for the year?
- How does the cost of the premium compare to what you could save on the plan? (It is important to review the details and restrictions of the plan.)
- What is the waiting period for Basic and Major Procedures?

INDIVIDUAL DENTAL POLICIES (In Nebraska, including coverage for Major Procedures)

	Traditional Ins	PPO Ins	DHMO Ins	Discount Plan
Choice of Dentist	Any Dentist	Network, for best prices	Network only	Network only
Monthly Premium	\$23-\$60 month	\$15-\$49 month	?	\$8-\$18 month
Maximum Annual Benefit	\$1000-\$1500	\$1000-\$1500	None but many restrictions apply	None
Waiting Period				
Preventive	None	None	Restrictions for each procedure	None
Basic	0-6 months	0-6 months		None
Major	6-12 months	6-12 months		None
Annual Deductible	\$50 - \$100	\$50 - \$100	none	none
Dental Costs				
Preventive	80%-100%	80%-100%	Set fee based on procedure	Discounted 10%-50% based on procedure
Basic	70%-100%	50%-100%		
Major	50%-80%	50%-60%		