

Understanding your Dental Benefits: A Handy Guide for Patients

Even though dental plan details and insurance policy terms might seem a bit complicated, having a dental plan can be helpful in covering your dental costs. It's important to know how your dental plan functions. You should always talk to your dentist first about your oral health needs and then talk about your treatment choices. To get an accurate estimate of what your plan might cover, you need to know the treatment you're thinking about.



Understanding your Dental Benefits

Your Part at the Dental Office in 4 Steps

To be a well-informed partner in your oral health care, follow these steps before, during, or after your dental visit:

- 1. Know Your Dental Benefits:** Understand your dental benefits plan before going to the dentist.
- 2. Discuss Your Needs:** Talk to your dentist about your oral health needs and the treatment options that are right for you.
- 3. Choose Your Treatment:** Agree on the treatment option that makes you feel most comfortable.
- 4. Payment and Claims:** Regardless of your dental benefits plan coverage, you must pay your dental bill and file a claim to receive the reimbursement you're owed.

Understanding Your Coverage

Your best sources for helping you understand your plan are your benefits provider and your employer.

- Your dentist may not know the specifics of your dental benefit plan. Read the information booklet or other materials available from your benefits provider.
- If you're uncertain about how much your dental benefits plan will cover for recommended treatments, ask your dentist to submit a predetermination request. This will give you a better idea of the reimbursement you might receive.
- All benefit plans have limitations, so necessary treatments may not all be covered.
- Decisions about your treatment should always be made between you and your dentist. Even though insurance companies can provide a predetermination to help you understand available reimbursement, they cannot make treatment decisions on your behalf.

How to Submit a Claim to Your Insurance Company

If you've told your dentist that you have dental coverage, after your appointment, your dental office will either give you a paper claim form to complete and send to your insurance company, or they'll ask for your permission to send the claim electronically.

Sending claims electronically often means you'll get confirmation of your reimbursement before you leave the office and it speeds up the payment process.

Whether submitted on paper or electronically, your claim includes a statement of the services completed during your appointment and the fee you need to pay — all prepared and certified as accurate by your dental office.

Did you know?

Your dental office doesn't have a connection with your insurance company and can't directly bill your insurance provider. What's sometimes mistakenly called "direct billing" is actually called the "assignment of benefits." This is when patients ask dentists to accept the reimbursement provided by their dental plan as payment for part of their bill. In return, patients tell their plan administrators to send that benefit directly to their dentist.

Even with this process, your dentist bills you for the entire cost of the services provided, and you're responsible for paying that amount. You still need to file a claim to get reimbursed for the covered part of the bill.



Glossary

Dental plan:	A financial product sold by insurance companies to facilitate the payment of dental expenses
Plan provider:	The insurance company that offers and manages the dental plan
Plan sponsor:	The purchaser of a dental plan. Plan sponsors are most often employers who include dental plans in the compensation package offered to their employees.
Plan member:	The individual to whom the dental plan is provided
Plan beneficiary:	A dependant of a plan member who is eligible for coverage under the plan
Benefit:	The payment an insurance company makes after adjudicating a claim
Claim:	A formal request to an insurance company for payment of a benefit
Coverage contract:	The legal agreement between the plan sponsor and the plan provider that sets the terms of available coverage
Assignment of benefit:	A process whereby patients ask dentists to accept the benefit available under their plan as partial payment of their bill, in exchange for which patients instruct their plan administrators to send that benefit directly to their dentists.



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