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BASIC INSURANCE TERMS

Premium: The amount you pay each month/year for the insurance.

Co-pay (co-payment): The amount of each dental (medical) procedure you are responsible for after the insurance coverage has been paid.

Coverage Categories:

- Diagnosis (exam and x-rays) & Preventative (cleanings)
- Basic (fillings, extractions, sometimes root canals)
- Major (crowns, bridges, implants)

Benefit Maximums & Deductibles: Benefits are the yearly dollar amount the dental insurance will cover; \$1000/yr is common, \$1500/yr is good, \$2000/yr is really good. The deductible is a one-time per year fee that the patient pays-- usually \$25 to \$50 per person or \$150 for a family--and are usually NOT collected on Diagnostic or Preventative work, just Basic or Major

Percentage of Coverage: For dental insurance there is typically three percentage levels of coverage

Diagnosis & Preventative) = 100% Basic = 80% Major = 50%

These are standard percentages (100/80/50), but there can be 75/75/75 or 100/90/60 and any other combination.

PLANS

Premier or PPO: This plan option allows patients to have free choice of dentist in exchange for higher premiums, co-pays, or percentage of coverage.

HMO: An HMO insurance REQUIRES you to go to a specific facility or specific dentist. It will not pay for any procedures done outside the facility (unless specific arrangements have been made in advance).

Fee Schedule: A policy with a fee schedule sets both the fee they will allow to be charged and the percentage of that fee they will pay. Patients that have this type of coverage have significantly less coverage than Premier or PPO plans. For example: We have patients who come in for a cleaning (\$118) and exam (\$65), but the fee schedule plan allows \$42 for a cleaning and \$21 for an exam. The patient is responsible for the rest.

Here's my rule of thumb for insurance--look at what your last two or three years of dental work has been. Did you have a little or a lot? Most patients have 2 cleanings a year at about \$500 total. If you have a couple of fillings a year, then you should allow for a this (\$300+/_ each). You will probably spend about the same each year on dental care (or it will average out). If you spend less than the cost of the premiums, you don't need a lot of coverage. If you've spent a lot, well...look at the higher benefits package.